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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **701473**

1. Corporation Name

DOG TRAINING CLUB OF ST PETERSBURG INC

Principal Place of Business	Mailing Address
C/O STAPLETON & SMITH. P.A. 6600 34 AVE. NO. ST. PETERSBURG FL 33710	C/O STAPLETON & SMITH. P.A. 6600 34 AVE. NO. ST. PETERSBURG FL 33710

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	09/29/1960
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7099551 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SMITH, TED
C/O STAPLETON & SMITH, P.A.
6600 34 AVE. NO.
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CONROY, ALAN		1.2 NAME		
STREET ADDRESS	4727 14TH AVE N		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WALKER, VIGINIA		2.2 NAME		
STREET ADDRESS	4690 36TH AVENUE NORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		2. 4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	LIPSIO, JULIA		3.2 NAME	RANDAL RUKSTELE	
STREET ADDRESS	4855 A COBIA DRIVE SE		3.3 STREET ADDRESS	11950 81 AVE. NO.	
CITY-ST-ZIP	ST PETERSBURG FL		3.4. CITY-ST-ZIP	Seminole, FL 33772	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CONROY, DIANE		4. 2 NAME		
STREET ADDRESS	4727 14TH AVE N		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DUNFORD, APRIL		5.2 NAME		
STREET ADDRESS	6698 27TH STREET NORTH		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		5.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ROHR, JUDY		6.2 NAME		
STREET ADDRESS	5662 63RD WAY N		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 00000		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/4/99 727 527-5568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #