2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705014

Entity Name: TAMPA BAY POODLE CLUB INC

FILED Mar 01, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
8820 95TH SEMINOLE		US				
Current Mailing Address:			New Ma	New Mailing Address:		
8820 95TH SEMINOLE		US				
FEI Number: 59-2348228		FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
MACRI, ROSALIE M 8820 95TH ST. N. SEMINOLE, FL 33777 US		8820 95	MACRI, ROSALIE M 8820 95TH STREET NORTH SEMINOLE, FL 33777 US			
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.						
SIGNATURE:				03/01/2007		
Electronic Signature of Registered Agent					Date	
OFFICERS AND DIRECTORS:			ADDITI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	S () ZAMKOVAVA, O 2988 SHANNON PALM HARBOR	I CIR	Title: Name: Address: City-St-Zi	·) Change () Addition	
Title: Name: Address: City-St-Zip:	AINSWORTHE, 7590 MLK ST N		Title: Name: Address: City-St-Zi	AINSWORTHE 7590 MLK STE	•	
Title: Name: Address: City-St-Zip:	P () TOTH, KAREN 9945 60TH STR PINELLAS PAR		Title: Name: Address: City-St-Zi	·) Change () Addition	
Title: Name: Address: City-St-Zip:	AINSWORTHE, 7590 MLK ST N		Title: Name: Address: City-St-Zi	GADDE, LENN 8731 EDISON	RD	
Title: Name: Address: City-St-Zip:	VP () WIESER, GINA 111 1ST AVE N' LUTZ, FL 3354		Title: Name: Address: Citv-St-Zi	MACRI, ROSA 8820 95TH ST	REET NORTH	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: VIRGINIA A DORRIS T 03/01/2007

() Delete

MACRI, ROSALIE

8820 95TH ST NORTH

SEMINOLE, FL 33777

Name:

Address:

City-St-Zip:

(X) Change () Addition

DORRIS, VIRGINIA A

339 6TH AVE WEST

BRADENTON, FL 34205