

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90011 035 ****61.25

DOCUMENT # 705014

1. Entity Name
TAMPA BAY POODLE CLUB INC



40033690



Principal Place of Business
8820 95TH ST. N.
SEMINOLE, FL 33777 US

Mailing Address
8820 95TH ST. N.
SEMINOLE, FL 33777 US

2. Principal Place of Business - No P.O. Box #
5349 Hillman Terrace

3. Mailing Address
5349 Hillman Terrace

Suite, Apt. #, etc.

02142008 Chg-NP CR2E037 (12/06)

City & State
North Port, FL

City & State
North Port, FL

Zip
34288

Country
USA

Zip
34288

Country
USA

4. FEI Number
59-2348228

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MACRI, ROSALIE M
8820 95TH STREET NORTH
SEMINOLE, FL 33777

7. Name and Address of New Registered Agent

Name
Anita Arnold

Street Address (P.O. Box Number is Not Acceptable)
5349 Hillman Terrace

City
North Port

State
FL

Zip Code
34288

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Anita Arnold **Feb. 20, 2008**

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

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZAMKOVAVA, OLGA 2988 SHANNON CIR PALM HARBOR, FL 34684 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AINSWORTHE, CYNTHIA 7590 MLK STREET NORTH SAINT PETERSBURG, FL 33702 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOTH, KAREN 9945 60TH STREET PINELLAS PARK, FL 33782 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GADDE, LENNART 8731 EDISON RD LITHIA, FL 33547 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MACRI, ROSALIE 8820 95TH STREET NORTH SEMINOLE, FL 33777 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DORRIS, VIRGINIA A 339 6TH AVE WEST BRADENTON, FL 34205 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Theresa Goldman P.O. Box 590 Oldsmar, FL 34677 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Linda Sciacca Tilka 14091 N. Bayshore Dr. Madeira Beach, FL 33708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Igonthe Bloomquist 6333 76th Ave. E Palmetto, FL 34221 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	vice President Marjorie Westman 6510 16th Ave S Tampa, FL 33619 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Anita Arnold 5349 Hillman Terrace North Port, FL 34288 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anita Arnold **2-20-08** **941-223-0629**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #