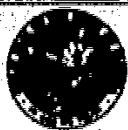


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 20 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 711183 (4)
1. Corporation Name
TAMPA BAY GERMAN SHEPHERD DOG CLUB, INC.

Principal Place of Business Mailing Address
P.O. BOX 86 ODESSA FL 33556 **P.O. BOX 86 ODESSA FL 33556**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/13/1966** 3a. Date of Last Report **05/01/1994**
4. FEI Number **NOT APPLICABLE** Applied For ☐ Not Applicable ☒

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**FEE, GEORGE L.
2311 DUFF RD
LAKELAND FL 33809**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SHERWOOD, GLENN	1.2 NAME	
STREET ADDRESS	17150 BENES-ROUGH ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	HANLON, BARBARA	2.2 NAME	
STREET ADDRESS	9505 HANLON DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	FEE, GEORGE	3.2 NAME	
STREET ADDRESS	2311 DUFF ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, DIANE	4.2 NAME	
STREET ADDRESS	11904 MCMULLEN LOOP	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL	4.4 CITY-ST-ZIP	
TITLE	CSD	5.1 TITLE	☐ Change ☐ Addition
NAME	DAUM, FRANCES	5.2 NAME	
STREET ADDRESS	P.O. BOX 1335 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	DANDENEAU, ROLAND	6.2 NAME	
STREET ADDRESS	6523 W HANNA RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: George L. Fee, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 7, 1995
Date