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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 711183 (4)

1. Corporation Name

TAMPA BAY GERMAN SHEPHERD DOG CLUB, INC.

Principal Place of Business

P.O. BOX 86
ODESSA FL 33556

Mailing Address

P.O. BOX 86
ODESSA FL 33556



3. Date incorporated or Qualified
07/13/1966

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FEE, GEORGE L
2311 DUFF RD
LAKELAND FL 33809

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SHERWOOD, GLENN
STREET ADDRESS 17150 BENES-ROUGH ROAD
CITY-ST-ZIP BROOKSVILLE FL

TITLE VD
NAME HANLON, BARBARA
STREET ADDRESS 9505 HANLON DRIVE
CITY-ST-ZIP ODESSA FL

TITLE TD
NAME FEE, GEORGE
STREET ADDRESS 2311 DUFF ROAD
CITY-ST-ZIP LAKELAND FL

TITLE SD
NAME ROBERTS, DIANE
STREET ADDRESS 11904 MCMULLEN LOOP
CITY-ST-ZIP RIVERVIEW FL

TITLE CSD
NAME DAUM, FRANCES
STREET ADDRESS P.O. BOX 1335 N/A
CITY-ST-ZIP LUTZ FL

TITLE D
NAME DANDENEAU, ROLAND
STREET ADDRESS 6523 W HANNA RD
CITY-ST-ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD SHERWOOD, GLENN
1.2 NAME 17150 BENES-ROUGH RD.
1.3 STREET ADDRESS BROOKSVILLE, FL 34609
1.4 CITY-ST-ZIP PD

2.1 TITLE VD
2.2 NAME HANLON, BARBARA
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE TD
3.2 NAME FEE, GEORGE
3.3 STREET ADDRESS 2311 DUFF ROAD
3.4 CITY-ST-ZIP LAKELAND FL

4.1 TITLE SD
4.2 NAME ROBERTS, DIANE
4.3 STREET ADDRESS 11904 MCMULLEN LOOP
4.4 CITY-ST-ZIP RIVERVIEW FL

5.1 TITLE CSD
5.2 NAME DAUM, FRANCES
5.3 STREET ADDRESS P.O. BOX 1335 N/A
5.4 CITY-ST-ZIP LUTZ FL

6.1 TITLE D
6.2 NAME DANDENEAU, ROLAND
6.3 STREET ADDRESS 6523 W HANNA RD
6.4 CITY-ST-ZIP TAMPA FL

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/18/96

941-858-2110

CR2E037 (12/95)