

FILE NOW: FILING FEE IS \$61.25

FILED  
May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **711183** (4)

1. Corporation Name

**TAMPA BAY GERMAN SHEPHERD DOG CLUB, INC.**



Principal Place of Business <b>P.O. BOX 86 ODESSA FL 33556</b>	Mailing Address <b>P.O. BOX 86 ODESSA FL 33556-0086</b>
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3. Date Incorporated or Qualified <b>07/13/1966</b>	3a. Date of Last Report <b>06/19/1996</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  <b>FEE, GEORGE L 2311 DUFF RD LAKELAND FL 33809</b>	
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10. Name and Address of New Registered Agent  <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SHERWOOD, SUE 17150 BENES-ROUGH ROAD BROOKSVILLE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD HANLON, BARBARA 9505 HANLON DRIVE ODESSA FL	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	TD FEE, GEORGE 2311 DUFF ROAD LAKELAND FL	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	SD WENDELL, DOTTIE 203 N. KINGSWAY RD. SEFFNER FL 33584	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	CSD VANCE, NORMA 18047 HWY. 672 LITHIA FL 33547	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DM ROBERTS, DIANE 11904 MCMULLEN LOOP RD. RIVERVIEW FL 33569	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE: George L. Fee 5/05/97 941-858-2110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0045997

CR2E037 (9/96)