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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

711183

(4)

TAMPA BAY GERMAN SHEPHERD DOG CLUB, INC.								
Principal Place	of Business	Mailing Address				Digo arki b r a ki bi	DAN DEDTI BEDEL DA	8 11 818 11 1881
P.O. BOX 86 P.O. BOX 66 ODESSA FL 33556 ODESSA FL 33556-0			96					
				<u></u>	3. Date incorporated or Qualifi 07/13/1966	ed 3a. D	ate of Last R 06/19/19	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number NOT APPLICABLE			oplied For ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	•	City & State			6. Election Campaign Financin	g 🗀		May Be
23]	Country	Zip	Cou	ntrv	Trust Fund Contribution 8. This corporation has liability	for intendible		100 032
24	25	29	30	~,	Florida Statutes	Yes		. 199.032,
	9. Name and Address of Current		15-1		10. Name and Address of Nev	Registered	Agent	
				61 Name				
FEE, GEORGE L				62 Street Add	fress (P.O. Box Number is Not Acce	ptable)		
2311 DU	FF RD					,		
LAKELAN	ID FL 33809			83				
				84 City			85 Zip	Code
44 0	4 Carling 617 0500	and 647 4500 Florida Otal			coretion aubuits this statement for t	FL		to roolstored
office of a	pointered agent or both in the State	of Florida. Such change wa	s authorized	by the corpora	poration submits this statement for tation's board of directors. I hereby a	ccept the ap	pointment as	registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 617.0503,	Florida Stat	ites.				
agent. Lai SIGNATURE	m familiar with, and accept the obliga	tions of, Section 617.0503,	Florida Stat	utes.		DATE	·	
agent. Lai SIGNATURE	m familiar with, and accept the oblige Signature, typed or printed name of registered agor OFFICERS AND	tions of, Section 617.0503,	Florida Stat	utes.	ifed when reinstating) ADDITIONS/CHANGES TO C		D DIRECTOR	RS IN 12
agent I at SIGNATURE _ 12.	m familiar with, and accept the oblige Signature, typed or printed name of registered ager	tions of, Section 617.0503,	Florida Stat	Agent signature requ	ulred when reinslating)		D DIRECTOR	
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SIGNATURE:

appears in Block 12 or Block 1;

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May 16 1997 8:00am

Secretary of State