


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 P.O. BOX 86 ODESSA FL 33556	Mailing Address P.O. BOX 86 ODESSA FL 33556
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3. Date Incorporated or Qualified 07/13/1966
4. FEI Number NOT APPLICABLE
Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent FEE, GEORGE L 2311 DUFF RD LAKELAND FL 33809
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10. Name and Address of New Registered Agent 81 Name JUNE I. EBERT 82 Street Address (P.O. Box Number is Not Acceptable) 9706 Ash Street 83 84 City Tampa FL 85 Zip Code 33635
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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 *June I. Ebert* **JUNE I. EBERT** *Treasurer* **3/9/98** DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD SHERWOOD, SUE	1.2 NAME	
STREET ADDRESS	17150 BENES-ROUGH ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	LEO WENDELL (VD) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD HANLON, BARBARA	2.2 NAME	
STREET ADDRESS	9505 HANLON DRIVE	2.3 STREET ADDRESS	203 N. Kingsway Rd.
CITY-ST-ZIP	ODESSA FL	2.4 CITY-ST-ZIP	Seffner, FL 33584
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	TREASURER (TO) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD FEE, GEORGE	3.2 NAME	JUNE I EBERT
STREET ADDRESS	2311 DUFF ROAD	3.3 STREET ADDRESS	9706 ASH STREET
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	Tampa, FL 33635
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD WENDELL, DOTTIE	4.2 NAME	
STREET ADDRESS	203 N. KINGSWAY RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL 33584	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CSD VANCE, NORMA	5.2 NAME	
STREET ADDRESS	18047 HWY. 672	5.3 STREET ADDRESS	
CITY-ST-ZIP	LITHIA FL 33547	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DM ROBERTS, DIANE	6.2 NAME	
STREET ADDRESS	11904 MCMULLEN LOOP RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL 33569	6.4 CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	LEO WENDELL (VD) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	203 N. Kingsway Rd.
2.4 CITY-ST-ZIP	Seffner, FL 33584
3.1 TITLE	TREASURER (TO) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JUNE I EBERT
3.3 STREET ADDRESS	9706 ASH STREET
3.4 CITY-ST-ZIP	Tampa, FL 33635
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *June I. Ebert* **3/9/98** (813) 884-1484

CR2E037 (10/97)