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**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90067 043 \*\*\*\*61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 711183**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/13/1966

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**EBERT, JUNE I**  
**9706 ASH ST**  
**TAMPA FL 33535**

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 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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD SHERWOOD, SUE**  
STREET ADDRESS **17150 BENES-ROUGH ROAD**  
CITY-ST-ZIP **BROOKVILLE FL**

TITLE ☐ DELETE

NAME **VD WENDELL, LEO**  
STREET ADDRESS **203 N. KINGSWAY RD**  
CITY-ST-ZIP **SEFFNER FL 33584**

TITLE ☐ DELETE

NAME **TD EBERT, JUNE I**  
STREET ADDRESS **9706 ASH ST**  
CITY-ST-ZIP **TAMPA FL 33635**

TITLE ☐ DELETE

NAME **SD WENDELL, DOTTIE**  
STREET ADDRESS **203 N. KINGSWAY RD.**  
CITY-ST-ZIP **SEFFNER FL 33584**

TITLE ☐ DELETE

NAME **CSD VANCE, NORMA**  
STREET ADDRESS **18047 HWY. 672**  
CITY-ST-ZIP **LITHIA FL 33547**

TITLE ☒ DELETE

NAME **DM ROBERTS, DIANE**  
STREET ADDRESS **11904 MCMULLEN LOOP RD.**  
CITY-ST-ZIP **RIVERVIEW FL 33569**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **Glorie McDonald**  
1.3 STREET ADDRESS **7025 Mushinski Rd.**  
1.4 CITY-ST-ZIP **Tampa, FL 33625**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **Diane Roberts**  
2.3 STREET ADDRESS **11904 McMullen Loop Rd.**  
2.4 CITY-ST-ZIP **Riverview, FL 33569**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **CSD Angie McCann**  
5.3 STREET ADDRESS **17449 Roberts Rd.**  
5.4 CITY-ST-ZIP **Odessa, FL 33556**

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99

Date

(813) 884-1484

Daytime Phone #

CR2E037 (11/98)