

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **725270** (3)

1. Corporation Name
TAMPA BAY PUG CLUB, INC.



Principal Place of Business
**4302 CHARRO LANE
PLANT CITY FL 33565**

Mailing Address
**4302 CHARRO LANE
PLANT CITY FL 33565**

3. Date Incorporated or Qualified
01/12/1973

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 17531 GUNLOCK RD.

2a. Mailing Address
26 17531 GUNLOCK RD

4. FEI Number
65-0131148

Applied For
Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State
23 LUTZ FL

City & State
28 LUTZ, FL.

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip
24 33549

Country
25

Zip
29 33549

Country
30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRALEY, BARBARA A.
4302 CHARRO LANE
PLANT CITY FL 33565**

81 Name
RANDY ARD

82 Street Address (P.O. Box Number is Not Acceptable)
17531 GUNLOCK RD

83

84 City
LUTZ

85 Zip Code
FL 33549

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 *Randy C. Ard* **Randy C. Ard TREASURER** **27 APR 96**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	SD <input checked="" type="checkbox"/> DELETE	11 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYNER, CINDY	12 NAME	DEBI NESIUS
STREET ADDRESS	8601 SUNNYDALE LN.	13 STREET ADDRESS	1129 HERNE AVE NE
CITY-ST-ZIP	LAKELAND FL	14 CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	TD <input checked="" type="checkbox"/> DELETE	21 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARD, JULIA	22 NAME	RANDY ARD
STREET ADDRESS	282 GUNLOCK RD.	23 STREET ADDRESS	17531 GUNLOCK RD
CITY-ST-ZIP	LUTZ FL	24 CITY-ST-ZIP	LUTZ, FL 33549
TITLE	SD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE, BETTY	32 NAME	
STREET ADDRESS	3965 RICHY ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	MIMS FL	34 CITY-ST-ZIP	32754
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAYNE, KIMBERLY	42 NAME	
STREET ADDRESS	3003 W SAN JOSE	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	33629
TITLE	PD <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUTCHINSON, ANITRA	52 NAME	
STREET ADDRESS	4403 W. ANITA BLVD.	53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	33611
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRALEY, BARBARA A	62 NAME	
STREET ADDRESS	4302 CHARRO LANE	63 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 0	64 CITY-ST-ZIP	33565

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: *Randy C. Ard* **Randy C. Ard TREAS.** **27 APR 96** (813) 885-7481

Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)