

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725270

FILED
Apr 28, 2006
Secretary of State

Entity Name: TAMPA BAY PUG CLUB, INC.

Current Principal Place of Business:

17531 GUNLOCK RD.
LUTZ, FL 335588442 US

New Principal Place of Business:

Current Mailing Address:

17531 GUNLOCK RD.
LUTZ, FL 335588442 US

New Mailing Address:

FEI Number: 65-0131148 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARD, RANDY C
17531 GUNLOCK RD.
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOSSER, PATTI
Address: 1812 LATELIA COURT
City-St-Zip: TRINTY, FL 346554907

Title: TD () Delete
Name: ARD, RANDY C
Address: 17531 GUNLOCK RD
City-St-Zip: LUTZ, FL 335588442

Title: D (X) Delete
Name: CHAMBERLAND, DEBBIE
Address: 7355 BLACKHAWK TRAIL
City-St-Zip: SPRING HILL, FL 34606

Title: SD () Delete
Name: FOSTER, SARINA
Address: 3322 WEST WYOMING AVENUE
City-St-Zip: TAMPA, FL 33611

Title: VD () Delete
Name: HUTCHISON, ANITRA
Address: 4403 W. ANITA BLVD.
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: JOYNER, CINDY
Address: 8601 SUNNYDALE LN
City-St-Zip: LAKE LAND, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: CORREA, SARINA
Address: 11003 GREENAIRE DRIVE
City-St-Zip: TAMPA, FL 33624

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RANDY C. ARD

TD

04/28/2006

Electronic Signature of Signing Officer or Director

Date