

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90104 014 ****61.25

DOCUMENT # 746252 1. Entity Name TAMPA BAY AREA SHETLAND SHEEPDOG CLUB, INC.					
Principal Place of Business 6402 W. KNIGHTS GRIFFIN ROAD PLANT CITY, FL 33565 US			Mailing Address 6402 W. KNIGHTS GRIFFIN ROAD PLANT CITY, FL 33565 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MUNSEY, WILLIAM 6402 W. KNIGHTS GRIFFIN ROAD PLANT CITY, FL 33565				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent Signature required when constituting)</small> <div style="float: right;">DATE _____</div>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIROCHTA, WENDY		NAME	ANDREW PIROCHTA	
STREET ADDRESS	2902 WEST ROGERS AVENUE		STREET ADDRESS	2902 W. ROGERS AVE	
CITY-STATE-ZIP	TAMPA, FL 33611		CITY-STATE-ZIP	TAMPA, FL 33611	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNFORD, APRIL		NAME	LORRIE REED	
STREET ADDRESS	6300 86 AVENUE NO		STREET ADDRESS	4365 66 AVE N	
CITY-STATE-ZIP	PINELLAS PARK, FL 33782		CITY-STATE-ZIP	PINELLAS PARK, FL 33781	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JUDY		NAME		
STREET ADDRESS	11216 ELM DRIVE		STREET ADDRESS		
CITY-STATE-ZIP	TAMPA, FL 33625		CITY-STATE-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILES, DIANE		NAME		
STREET ADDRESS	7497 RIDGE ROAD		STREET ADDRESS		
CITY-STATE-ZIP	SEMINOLE, FL 33772		CITY-STATE-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUNSEY, WILLIAM		NAME	WENDY PIROCHTA	
STREET ADDRESS	6402 W. KNIGHTS GRIFFIN RD.		STREET ADDRESS	2902 W. ROGERS AVE	
CITY-STATE-ZIP	PLANT CITY, FL 33565		CITY-STATE-ZIP	TAMPA, FL 33611	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	CONNIE DIPIETRANTONIO	
STREET ADDRESS			STREET ADDRESS	8910 CAIRO LN	
CITY-STATE-ZIP			CITY-STATE-ZIP	PORT RICHEY, FL 34668	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.					
SIGNATURE: <i>Lorrie Reed</i>		<i>Lorrie Reed</i>		3/11/05 727 463 4409	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	