

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90083 050 ****61.25

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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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2620722

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 ☐ Delete
NAME MILES, DIANE
STREET ADDRESS 5930 110TH AVENUE NORTH
CITY-ST-ZIP PINELLAS PARK, FL 33782

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME DUNFORD, APRIL
STREET ADDRESS 6300 86TH AVENUE NORTH
CITY-ST-ZIP PINELLAS PARK, FL 33782

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME REED, LORRIE
STREET ADDRESS 4365 66TH AVENUE NORTH
CITY-ST-ZIP PINELLAS PARK, FL 33781

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME SMITH, JUDY
STREET ADDRESS 4044 GALLAGHER ROAD
CITY-ST-ZIP PLANT CITY, FL 33565

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME PIROCHTA, ANDREW
STREET ADDRESS 2902 W RODGERS AVE
CITY-ST-ZIP TAMPA, FL 33611

TITLE D ☐ Change ☒ Addition
NAME PATRICIA KEOHANE
STREET ADDRESS 14113 Andrew Scott Rd
CITY-ST-ZIP SPRING HILL, FL 34609

TITLE D ☒ Delete
NAME DI PLETRANTONIO, CONNIE
STREET ADDRESS 8910 CAIRO LN
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE D ☐ Change ☒ Addition
NAME Julia Lipsio
STREET ADDRESS 10265 N. Gandy Blvd #1108
CITY-ST-ZIP St Petersburg, FL 33702

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 any address, with all other like empowered.

SIGNATURE:

April Dunford 727 541-3269
APRIL DUNFORD 1/12/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #