

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Apr 15, 2009  
Secretary of State**

DOCUMENT# 746788

Entity Name: TAMPA BAY KENNEL CLUB, INC.

**Current Principal Place of Business:**25421 TRADEWINDS DR  
LAND O LAKES, FL 34639 US**New Principal Place of Business:****Current Mailing Address:**25421 TRADEWINDS DR  
LAND O LAKES, FL 34639 US**New Mailing Address:**

FEI Number: 59-2368484

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**MANNING, MARY  
25421 TRADEWINDS DR.  
LAND O'LAKES, FL 34639 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: P ( ) Delete  
Name: MANNING, MARY  
Address: 25421 TRADEWINDS DR  
City-St-Zip: LAND O LAKES, FL 34639

Title: V ( ) Delete  
Name: KING, BRUCE  
Address: 1212 LAKE CHARLES CIRCLE  
City-St-Zip: LUTZ, FL 33558

Title: V ( ) Delete  
Name: NAPOLITANO, JOSEPH  
Address: 925 LAKE CHARLES CIRCLE  
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Delete  
Name: STOLZ, DANIEL T  
Address: 25421 TRADEWINDS DR.  
City-St-Zip: LAND O LAKES, FL 34639

Title: T ( ) Delete  
Name: PETCHE, DARLENE  
Address: PO BOX 82282  
City-St-Zip: TAMPA, FL 33682

Title: TS ( ) Delete  
Name: LOPEZ, LINDA  
Address: 709 RIVER HEIGHTS  
City-St-Zip: TAMPA, FL 33603

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

Title: T (X) Change ( ) Addition  
Name: GRANOWICZ, LUCILLE  
Address: 6547 BONNIEBLUE DR.  
City-St-Zip: WESLEY CHAPEL, FL 33544

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

I hereby certify that the information supplied with this filing does not qualify 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: DANIEL T STOLZ

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date