FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 30 AM 8:14

DOCUMENT # **762846** **(4)**

1. Corporation Name

TAMPA BAY TERRIER CLUB, INC.

Principal Place of Business	Mailing Address
C/O MARSHALL ALFRED P. 3445-A EAST BAY DRIVE LARGO FL 34641 US	C/O MARSHALL ALFRED P. 3445-A EST BAY DRIVE LARGO FL 34641 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1982
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2205967 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MARSHALL, ALFRED P.
3445-A EAST BAY DRIVE
LARGO FL 34641

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	LOPEZ, UNDA	12 NAME	
STREET ADDRESS	709 W RIVER HEIGHTS	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	MARSHALL, ALFRED P.	22 NAME	
STREET ADDRESS	3445-A EAST BAY DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	LOPEZ, ANTHONY	32 NAME	
STREET ADDRESS	709 W RIVER HEIGHTS	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	LORANO, MARJORIE	42 NAME	
STREET ADDRESS	1445 COREY WAY S	43 STREET ADDRESS	
CITY-ST-ZIP	SOUTH PASADENA FL	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	SUNDBLOM, BETTY	52 NAME	
STREET ADDRESS	9714 53RD AVENUE NORTH	53 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	CONE, LYNN	62 NAME	
STREET ADDRESS	2554M STONEY BROOK LANE	63 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	64 CITY-ST-ZIP	

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)(i), 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: Alfred P Marshall 5-23-95 813 536-2243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
ALFRED P. MARSHALL

0084830