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Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **762846** (4)

1. Corporation Name

**TAMPA BAY TERRIER CLUB, INC.**

Principal Place of Business

Mailing Address

C/O RAYMOND A CONE  
2481 HICKMAN CIR  
CLEARWATER FL 34621 33761  
US

C/O RAYMOND A CONE  
2481 HICKMAN CIR  
CLEARWATER FL 34621 33761  
US



3. Date Incorporated or Qualified

**04/13/1982**

4. FEI Number

**59-2205967**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip **33761** 25 Country

29 Zip **33761** 30 Country

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONE, RAYMOND A  
2481 HICKMAN CIR  
CLEARWATER FL 34621 33761

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

**33761**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Raymond A. Cone* (RAYMOND A. CONE)

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/12/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **P LOPEZ, UNDA**  
STREET ADDRESS **709 W RIVER HEIGHTS**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE  
NAME **CONE, RAYMOND A**  
STREET ADDRESS **2481 HICKMAN CIR**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ DELETE  
NAME **S WILLIAMSON, SAMANTHA**  
STREET ADDRESS **117 DUNBRIDGE DR**  
CITY-ST-ZIP **PALM HARBOR FL**

TITLE ☐ DELETE  
NAME **D LORANO, MARJORIE**  
STREET ADDRESS **1445 COREY WAY S**  
CITY-ST-ZIP **SOUTH PASADENA FL**

TITLE ☐ DELETE  
NAME **S SUNDBLOM, BETTY**  
STREET ADDRESS **9714 53RD AVENUE NORTH**  
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE  
NAME **D SPENCER, DENZEL**  
STREET ADDRESS **1976 LEVINE LN**  
CITY-ST-ZIP **CLEARWATER FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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:

*Raymond A. Cone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RAYMOND A. CONE**

Date

Daytime Phone #

**1/12/98**  
**813-794-4378**

CR2E037 (10/97)