


FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90060 003 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 762846 1. Corporation Name TAMPA BAY TERRIER CLUB, INC.		
Principal Place of Business C/O RAYMOND A CONE 2481 HICKMAN CIR CLEARWATER FL 33761 US		Mailing Address C/O RAYMOND A CONE 2481 HICKMAN CIR CLEARWATER FL 33761 US



2. Principal Place of Business 21 C/O JANA M. READ Suite, Apt. #, etc. 22 648 Lake Forest Drive City & State 23 Clearwater, FL 33765 Zip Country 24 US		2a. Mailing Address 26 C/O JANA M. READ Suite, Apt. #, etc. 27 648 Lake Forest Drive City & State 28 Clearwater, FL 33765 Zip Country 29 US		3. Date Incorporated or Qualified 04/13/1982 4. FEI Number 59-2205967 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent CONE, RAYMOND A 2481 HICKMAN CIR CLEARWATER FL 33761		10. Name and Address of New Registered Agent 81 Name JANA M. READ 82 Street Address (P.O. Box Number is Not Acceptable) 648 Lake Forest Drive 83 Clearwater, FL 84 City FL 85 Zip Code 33765	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 **JANA M. READ, TREASURER**

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

(NOTE: Registered Agent signature required when substituting)

DATE

12. OFFICERS AND DIRECTORS TITLE P <input checked="" type="checkbox"/> DELETE NAME LOPEZ, UNDA STREET ADDRESS 709 W RIVER HEIGHTS CITY-ST-ZIP TAMPA FL TITLE T <input checked="" type="checkbox"/> DELETE NAME CONE, RAYMOND A STREET ADDRESS 2481 HICKMAN CIR CITY-ST-ZIP CLEARWATER FL TITLE S <input checked="" type="checkbox"/> DELETE NAME WILLIAMSON, SAMANTHA STREET ADDRESS 117 DUNBRIDGE DR CITY-ST-ZIP PALM HARBOR FL TITLE D <input checked="" type="checkbox"/> DELETE NAME LORANO, MARJORIE STREET ADDRESS 1445 COREY WAY S CITY-ST-ZIP SOUTH PASADENA FL TITLE S <input type="checkbox"/> DELETE NAME SUNDBLOM, BETTY STREET ADDRESS 9714 53RD AVENUE NORTH CITY-ST-ZIP ST. PETERSBURG FL TITLE D <input type="checkbox"/> DELETE NAME SPENCER, DENZEL STREET ADDRESS 1876 LEVINE LN CITY-ST-ZIP CLEARWATER FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME BRUCE KING 1.3 STREET ADDRESS 1212 Lake Charles Cr. 1.4 CITY-ST-ZIP Lutz, FL 33549 2.1 TITLE T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME JANA M. READ 2.3 STREET ADDRESS 648 Lake Forest Road 2.4 CITY-ST-ZIP Clearwater, FL 33765 3.1 TITLE V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME SAMANTHA WILLIAMSON 3.3 STREET ADDRESS 117 Dunbridge Drive 3.4 CITY-ST-ZIP Palm Harbor, FL 34684 4.1 TITLE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME MARJ LORAND 4.3 STREET ADDRESS 1445 Corey Way S. 4.4 CITY-ST-ZIP South Pasadena, FL 33707 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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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, with all other like empowered.

SIGNATURE: **Jana M. Read, Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99

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