2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#762846

FILED Apr 06, 2006 Secretary of State

Entity Name: TAMPA BAY TERRIER CLUB, INC.

Current F	Principal Plac	e of Business:	New Principal Place	e of Business:	
709 W. RI	A LOPEZ IVER HEIGHT FL 33603 L	S JS	•		
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
709 W. RI	A LOPEZ IVER HEIGHT FL 33603 L	S AVE JS			
FEI Numbe	r: 59-2205967	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name an	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
TAMPA, F The above	IVER HEIGHT FL 33603 L e named entity	JS	purpose of changing its register	ed office or registered agent, or both,	
in the Stat SIGNATU	te of Florida. JRF [.]				
0.0.0		onic Signature of Registered Ag	jent	Date	
OFFICER	RS AND DIRE	CTORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTOR	
Fitle: Name: Address:	PD (LOPEZ, ANTH 709 W. RIVER) Delete HONY R HEIGHTS AVE	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTOR () Change () Addition	
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	PD (LOPEZ, ANTH 709 W. RIVEF TAMPA, FL 3 TD (LOPEZ, LIND 709 W. RIVEF) Delete HONY R HEIGHTS AVE 3603) Delete A R HEIGHTS AVE	Title: Name: Address:		
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	PD (LOPEZ, ANTH 709 W. RIVER TAMPA, FL 3 TD (LOPEZ, LIND 709 W. RIVER TAMPA, FL 3 SD (ADAMS, CON 2723 KALA LI) Delete HONY R HEIGHTS AVE 3603) Delete A R HEIGHTS AVE 3603) Delete NI N	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	
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I hereby certify that the information supplied with this filing does not qualify for the 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: LINDA LOPEZ TD 04/06/2006