

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762846

FILED
Mar 20, 2009
Secretary of State

Entity Name: TAMPA BAY TERRIER CLUB, INC.

Current Principal Place of Business:

C/O JIM OMODIO
27746 PINE POINT DR
WESLEY CHAPEL, FL 33543 US

Current Mailing Address:

C/O JIM OMODIO
27746 PINE POINT DR
WESLEY CHAPEL, FL 33543 US

New Principal Place of Business:

C/O JIM OMODIO
27746 PINE POINT DR
WESLEY CHAPEL, FL 33544 US

New Mailing Address:

C/O JIM OMODIO
27746 PINE POINT DR
WESLEY CHAPEL, FL 33544 US

FEI Number: 59-2205967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OMODIO, JIM
27746 PINE POINT DR
WESLEY CHAPEL, FL 33543 US

Name and Address of New Registered Agent:

OMODIO, JIM
27746 PINE POINT DR
WESLEY CHAPEL, FL 33544 US

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: JAMES OMODIO

03/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ADAMS, CONNI
Address: 2723 KALA LANE
City-St-Zip: PLANT CITY, FL 33563

Title: TD () Delete
Name: OMODIO, JIM
Address: 27746 PINE POINT DR
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: SD () Delete
Name: WELLS, TRACEY
Address: 8110 7TH ST N
City-St-Zip: ST. PETERSBURG, FL 33702

Title: SD () Delete
Name: AXELROD, ELLEN
Address: 606 KNOLLWOOD DR
City-St-Zip: LARGO, FL 33770

Title: VD () Delete
Name: OMODIO, REATHA
Address: 27746 PINE POINT DR
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D () Delete
Name: BUCHANAN, MARSHA
Address: 711 CORAL VINE LANE
City-St-Zip: TAMPA, FL 33619

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
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Address:
City-St-Zip:

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

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: JAMES OMODIO

TD

03/20/2009

Electronic Signature of Signing Officer or Director

Date