


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90396 005 ****61.25

DOCUMENT # N00000002948					
1. Entity Name BULL TERRIER CLUB OF TAMPA BAY, INC.					
Principal Place of Business 9606 N. WILLOW AVE TAMPA, FL 33612		Mailing Address 9606 N. WILLOW AVE TAMPA, FL 33612			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3473144	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FINANCIAL FOUNDATION, INC. 3150 SANDY RIDGE DRIVE CLEARWATER, FL 33761				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREANEY, COLIN A		NAME		
STREET ADDRESS	4009 FIELDGREEN PLACE		STREET ADDRESS		
CITY-ST-ZIP	LAND-O-LAKES, FL 34639		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIDULLA, EDITH H		NAME	VACANT	
STREET ADDRESS	9606 N. WILLOW AV.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 336127748		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAW, ALBERT		NAME	TREASURER EDITH H. MIDULLA	
STREET ADDRESS	17921 CLEAR LAKE DR.		STREET ADDRESS	9606 N. WILLOW AV.	
CITY-ST-ZIP	LUTZ, FL 335584496		CITY-ST-ZIP	TAMPA, FL 33612-7748	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NELSON, PAULA		NAME		
STREET ADDRESS	P.O. BOX 6132		STREET ADDRESS		
CITY-ST-ZIP	MACDILL AFB, FL 33608		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOOR, NIKKI D		NAME		
STREET ADDRESS	P.O. 6132		STREET ADDRESS		
CITY-ST-ZIP	MACDILL AFB, FL 33608		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREANY, LISA		NAME		
STREET ADDRESS	4009 FIELDGREEN PL		STREET ADDRESS		
CITY-ST-ZIP	LAND O LAKES, FL 346394280		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.					
SIGNATURE: <i>Edith H. Midulla</i>			4/10/06 813 962-8646		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		