

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90727 014 ****61.25

DOCUMENT # N00000007647

1. Entity Name

FLORIDA SUNCOAST BOSTON TERRIER CLUB, INC.



Principal Place of Business

1392 LEMON ST
CLEARWATER FL 33756-2339

Mailing Address

1392 LEMON ST
CLEARWATER FL 33756-2339

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3635222

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

HANSEN, LARRY
1392 LEMON ST
CLEARWATER FL 33756-2339

7. Name and Address of New Registered Agent

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HANSEN, LARRY ☐ Delete
STREET ADDRESS 1392 LEMON ST
CITY-ST-ZIP CLEARWATER FL 33756-2339

TITLE VD ☒ Delete
NAME MATA, GUS
STREET ADDRESS 2441 51ST ST.
CITY-ST-ZIP SARASOTA FL 34234

TITLE TD ☐ Delete
NAME WILLIAMS, ANDRIA W
STREET ADDRESS 2441 51ST ST
CITY-ST-ZIP SARASOTA FL 34234

TITLE SD ☐ Delete
NAME HANSEN, SHARON
STREET ADDRESS 1392 LEMON ST
CITY-ST-ZIP CLEARWATER FL 33756-2339

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Change ☒ Addition
NAME Connolly, Helen
STREET ADDRESS 415 Island Cayway
CITY-ST-ZIP Apollo Beach FL 33572

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 like empowered.

SIGNATURE:

Andria Williams

Alexandria Williams

4-12-04 941 441 448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #