## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Feb 09, 2005 08:00 AM **DOCUMENT # N00000007647 Secretary of State** 1. Entity Name FLORIDA SUNCOAST BOSTON TERRIER CLUB, INC. Principal Place of Business Mailing Address 1392 LEMON ST 1392 LEMON ST **CLEARWATER, FL 33756-2339** CLEARWATER, FL 33756-2339 01102005 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3635222 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent HANSEN, LARRY DO NOT WRITE 1392 LEMON ST **CLEARWATER, FL 33756-2339** IN THIS SPACE 5. 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 eignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Due by May 1, 2005 Added to Fees 10. OFFICERS AND DIRECTORS $m_{\mathcal{E}}$ NAME HANSEN, LARRY STREET ADDRESS 1392 LEMON ST \_\_\_U00000222615 Q2/10/05-80008-009 61.25 CITY-ST-ZIP CLEARWATER, FL 337562339 TITLE NAME CONROLLY, HELEN STREET ADDRESS 415 ISLAND CAYWAY CITY-ST-7IP APOLLO BEACH, FL 33572 TITLE MAME WILLIAMS, ANDRIA W STREET ADDRESS 2441 51ST ST DO NOT WRITE CITY-ST-ZIP SARASOTA, FL 34234 IN THIS SPACE TITLE NAME HANSEN, SHARON STREET ADDRESS 1392 LEMON ST CTTY-ST-ZIP CLEARWATER, FL 337562339 MILE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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:

NAME STREET ADDRESS