2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000007647

1. Entity Name
FLORIDA SUNCOAST BOSTON TERRIER CLUB, INC.

Principal Place of Business	Mailing Address
1392 LEMON ST CLEARWATER, FL 33756-2339	1392 LEMON ST CLEARWATER, FL 33756-2339

01102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3635222
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HANSEN, LARRY
1392 LEMON ST
CLEARWATER, FL 33756-2339

DO NOT WRITE IN THIS SPACE

6. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HANSEN, LARRY
STREET ADDRESS	1392 LEMON ST
CITY-ST-ZIP	CLEARWATER, FL 337562339
TITLE	VP
NAME	CONROLLY, HELEN
STREET ADDRESS	415 ISLAND CAYWAY
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	TD
NAME	WILLIAMS, ANDRIA W
STREET ADDRESS	2441 51ST ST
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	SD
NAME	HANSEN, SHARON
STREET ADDRESS	1392 LEMON ST
CITY-ST-ZIP	CLEARWATER, FL 337562339
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000222615
02/10/05-80008-009 61.25

DO NOT WRITE IN THIS SPACE

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 m Williams 2-6-05 9412666 6821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #