

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

**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**



01152007 No Chg-NP CR2E037 (4/06)

**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**

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's signature required when reappointing agent) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

U000000531272  
01/19/07-80015-018 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 like empowered.

SIGNATURE: Andria Williams Andria Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-07 941 266 6821

Date

Daytime Phone #