

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007647

FILED
Mar 23, 2009
Secretary of State

Entity Name: FLORIDA SUNCOAST BOSTON TERRIER CLUB, INC.

Current Principal Place of Business:

1392 LEMON ST
CLEARWATER, FL 337562339

New Principal Place of Business:

Current Mailing Address:

1392 LEMON ST
CLEARWATER, FL 337562339

New Mailing Address:

FEI Number: 59-3635222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANSEN, LARRY
1392 LEMON ST
CLEARWATER, FL 337562339 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HANSEN, LARRY
Address: 1392 LEMON ST
City-St-Zip: CLEARWATER, FL 337562339

Title: VP () Delete
Name: CONNOLLY, HELEN
Address: 415 ISLAND CAYWAY
City-St-Zip: APOLLO BEACH, FL 33572

Title: TD () Delete
Name: WILLIAMS, ANDRIA W
Address: 2441 51ST ST
City-St-Zip: SARASOTA, FL 34234

Title: SD () Delete
Name: HANSEN, SHARON
Address: 1392 LEMON ST
City-St-Zip: CLEARWATER, FL 337562339

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BROSSARD, COLLEEN
Address: 2105 64TH ST
City-St-Zip: BRADENTON, FL 34208

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDRIA WILLIAMS

TD

03/23/2009

Electronic Signature of Signing Officer or Director

Date