

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003295

FILED
Jan 05, 2007
Secretary of State

Entity Name: TAMPA BAY BEAGLE RESCUE, INC.

Current Principal Place of Business:

4315 NORTHPARK DR.
TAMPA, FL 33624 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 271772
TAMPA, FL 336881772 US

New Mailing Address:

FEI Number: 11-3686021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NOVOSELSKI, JOHN W
4315 NORTHPARK DR.
TAMPA, FL 33624 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: P () Delete
Name: NOVOSELSKI, JOHN W
Address: 4315 NORTHPARK DR.
City-St-Zip: TAMPA, FL 33624

Title: V () Delete
Name: GOLDEN, CINDY L
Address: 1036 HARDWOOD DRIVE
City-St-Zip: VALRICO, FL 33594

Title: T () Delete
Name: BLAKE, E. DALE
Address: 4008 ROGERS AVE
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: JOHN W. NOVOSELSKI

P

01/05/2007

Electronic Signature of Signing Officer or Director

Date