

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04040 (4)

1. Corporation Name

SUNCOAST COCKER SPANIEL CLUB OF GREATER CLEARWATER, INC.



Principal Place of Business

Mailing Address

1681 SHERBROOK ROAD
CLEARWATER FL 34624

1681 SHERBROOK ROAD
CLEARWATER FL 34624

3. Date Incorporated or Qualified
07/05/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2386075

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

24

Zip

Country

25

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ST. JOHN, SANDRA
1681 SHERBROOK ROAD
CLEARWATER FL 34624

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME HARDER, RICHARD
STREET ADDRESS 16 RIDGE RD
CITY-ST-ZIP FROSTPROOF FL

☒ DELETE

1.1 TITLE DP
1.2 NAME Bowling, Richard
1.3 STREET ADDRESS 1750 ALBEMARLE RD.
1.4 CITY-ST-ZIP CLEARWATER, FL 34624

☒ Change

☐ Addition

TITLE SD
NAME PAVL, DEBBIE
STREET ADDRESS 190 - 112TH AVE
CITY-ST-ZIP ST. PETERSBURG FL 33716

☒ DELETE

2.1 TITLE SD
2.2 NAME PAVL, Debbie
2.3 STREET ADDRESS 8940 - 140th ST. N.
2.4 CITY-ST-ZIP SEMINOLE, FL 34646

☒ Change

☐ Addition

TITLE TD
NAME HARRAN, BETTY
STREET ADDRESS 6073-141 AVE N
CITY-ST-ZIP CLEARWATER

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE B
NAME UREEMAN, DEBBIE
STREET ADDRESS 1926 SUMMIT DR.
CITY-ST-ZIP CLEARWATER FL 34623

☒ DELETE

4.1 TITLE B
4.2 NAME HARRAN, Tom
4.3 STREET ADDRESS 6073-141 ST AVE N.
4.4 CITY-ST-ZIP CLEARWATER, FL 34624-2780

☒ Change

☐ Addition

TITLE CS
NAME ST. JOHN, SANDRA
STREET ADDRESS 1681 SHERBROOK ROAD
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE V
NAME BOWLING, RICHARD
STREET ADDRESS 2811 S PINES DR S22
CITY-ST-ZIP LARGO FL

☒ DELETE

6.1 TITLE V
6.2 NAME VEREEMAN, Debbie
6.3 STREET ADDRESS 2871 S PINES DR. #23
6.4 CITY-ST-ZIP LARGO, FL 34623

☒ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)