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FILED
Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34624-6547**



3. Date Incorporated or Qualified
07/05/1984

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

4. FEI Number
59-2386075

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee 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

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 **THOMAS C. HARRAN**
82 Street Address (P.O. Box Number is Not Acceptable)
6073 141ST AVE. N
83
84 City **CLEARWATER** **FL** **85** Zip Code **34620**

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 **THOMAS C. HARRAN TREASURER**

Thomas C. Harran 4/16/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **BOWLING, RICHARD**
STREET ADDRESS **1750 ALBERMARLE RD.**
CITY-ST-ZIP **CLEARWATER FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **PAULL, DEBBIE**
STREET ADDRESS **8940 140TH ST. N.**
CITY-ST-ZIP **SEMINOLE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D VAREEMAN, DEBORAH**
3.3 STREET ADDRESS **2871 S. PINES DRIVE**
3.4 CITY-ST-ZIP **LARGO, FL 34623**

TITLE **B** ☒ DELETE
NAME **HARRAN, TOM**
STREET ADDRESS **6073 141ST AVE N.**
CITY-ST-ZIP **CLEARWATER FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **TOM HARRAN**
4.3 STREET ADDRESS **6073 141ST AVE N.**
4.4 CITY-ST-ZIP **CLEARWATER FL 34620**

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

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

TITLE **V** ☐ DELETE
NAME **VEREEMAU, DEBBIE**
STREET ADDRESS **2871 PINES DR. #23**
CITY-ST-ZIP **LARGO FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 **THOMAS C. HARRAN** **Thomas C. Harran 4/16/97**

CR2E037 (9/96)