

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State

03-08-2007 90012 013 ****61.25

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02122007 Chg-NP CR2E037 (12/06)

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1. Entity Name
**THE SOFT COATED WHEATEN TERRIER CLUB OF
GREATER TAMPA BAY, INC.**



Principal Place of Business
1629 N. LAKESHORE DR.
C/O SUE ROBINSON
SARASOTA, FL 34243

Mailing Address
1629 N. LAKESHORE DR.
C/O SUE ROBINSON
SARASOTA, FL 34243

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

83-0459393

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NELSON, MELISSA
8620 SW 147 ST.
VILLAGE OF PALMETTO BAY, FL 33158-1934

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME FRANK, GAYLE
STREET ADDRESS 922 80TH ST. NW
CITY-ST-ZIP BRADENTON, FL 34209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME SCURR, DEBORAH
STREET ADDRESS 7276 MOFFATT LANE N.
CITY-ST-ZIP PINELLAS PARK, FL 33761

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME ENGLE, CHARLOTTE
STREET ADDRESS 2779 RINGWOOD MEADOW
CITY-ST-ZIP SARASOTA, FL 34243

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME ROBINSON, SUE
STREET ADDRESS 1629 N. LAKESHORE DR.
CITY-ST-ZIP SARASOTA, FL 34243

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SONNESCHEIN, BRIAN
STREET ADDRESS 2875 ALEX MCKAY PL.
CITY-ST-ZIP SARASOTA, FL 34240

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LORAND, MARJORIE
STREET ADDRESS 1445 COREY WAY S.
CITY-ST-ZIP S. PASADENA BEACH, FL 33707

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Charlotte S. Engle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-07

Date

941-487-2560

Daytime Phone #