

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N22515 (3)  
1. Corporation Name  
TAMPA BAY AMERICAN PIT BULL TERRIER CLUB, INC.



Principal Place of Business  
MARION STRONG  
5106 SW 45TH BLVD  
BUSHNELL FL 33513  
US

Mailing Address  
P O BOX 2294  
5106 SW 45TH BLVD  
BUSHNELL FL 33513  
US

3. Date Incorporated or Qualified 09/15/1987  
3a. Date of Last Report 02/27/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3015096	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRONG, MARION  
P O BOX 699  
5106 SW 45TH BLVD  
BUSHNELL FL 33513

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	D BALDEZ, NICK	11 TITLE	D
NAME	6211 CAMERON AVE	12 NAME	VAIDIZ NICK
STREET ADDRESS	TAMPA FL	13 STREET ADDRESS	6211 CAMERON AVE
CITY-ST-ZIP		14 CITY-ST-ZIP	Tampa FL 33614
TITLE	D MILLER, WILLIAM	21 TITLE	D
NAME	3103 MURRAY FARM LANE	22 NAME	VAIDIZ ART
STREET ADDRESS	PLANT CITY FL	23 STREET ADDRESS	4509 W FERN ST
CITY-ST-ZIP		24 CITY-ST-ZIP	Tampa FL 33614
TITLE	T CHAMBERS, DEBRA	31 TITLE	T
NAME	3204 PROPERTY LANE	32 NAME	CHAMBERS DEBRA
STREET ADDRESS	VALRICO FL	33 STREET ADDRESS	8825 LITHIA PINECREST RD.
CITY-ST-ZIP		34 CITY-ST-ZIP	Lithia FL 33511
TITLE	S RADO, KEVIN	41 TITLE	S
NAME	704 CHILDERS LOOP	42 NAME	MIKE SALGADO
STREET ADDRESS	BRANDON FL 33511	43 STREET ADDRESS	6734 SWAN AVE
CITY-ST-ZIP		44 CITY-ST-ZIP	Tampa FL 33625
TITLE	V DOOLEY, JIM	51 TITLE	V
NAME	1402 E 97TH AVE., APT A	52 NAME	KEVIN RADO
STREET ADDRESS	TAMPA FL	53 STREET ADDRESS	704 CHILDERS LOOP
CITY-ST-ZIP		54 CITY-ST-ZIP	Brandon FL 33511
TITLE	P STRONG, MARION	61 TITLE	P
NAME	P O BOX 699, 5106 SW 45TH BLVD	62 NAME	STRONG MARION
STREET ADDRESS	BUSHNELL FL	63 STREET ADDRESS	P.O. Box 699
CITY-ST-ZIP		64 CITY-ST-ZIP	Bushnell FL 33612

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:

*Michael Salgado*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Salgado

5/5/96 (813) 960-7498  
Date Daytime Phone #

CR2E037 (12/95)