


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N22515 (3)**

1. Corporation Name  
**TAMPA BAY AMERICAN PIT BULL TERRIER CLUB, INC.**

Principal Place of Business <b>MARION STRONG 5106 SW 45TH BLVD BUSHNELL FL 33513 US</b>	Mailing Address <b>P O BOX 2294 5106 SW 45TH BLVD BUSHNELL FL 33513 US</b>
--	---

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
---	--

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified <b>09/15/1987</b>	4. FEI Number <b>59-3015096</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>VALDEZ, NICK</b>
STREET ADDRESS	<b>6211 CAMERON AVE</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>VALDEZ, ART</b>
STREET ADDRESS	<b>4509 W FERN ST.</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CHAMBURS, DEBRA</b>
STREET ADDRESS	<b>8825 LITHIA PINECREST RD.</b>
CITY-ST-ZIP	<b>LITHIA FL</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SALGADO, MIKE</b>
STREET ADDRESS	<b>8734 SWAIN AVE.</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>RADO, KEVIN</b>
STREET ADDRESS	<b>704 CHILDERS LOOP</b>
CITY-ST-ZIP	<b>BRANDON FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>STRONG, MARION</b>
STREET ADDRESS	<b>5106 SW 45TH BLVD.</b>
CITY-ST-ZIP	<b>BUSHNELL FL 33513</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>NICK VALDEZ</b>
1.3 STREET ADDRESS	<b>6211 CAMERON AVE</b>
1.4 CITY-ST-ZIP	<b>TAMPA FL</b>
2.1 TITLE	<b>V T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VALDEZ ART</b>
2.3 STREET ADDRESS	<b>4509 FERN ST.</b>
2.4 CITY-ST-ZIP	<b>TAMPA FL</b>
3.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>MIKE SALGADO</b>
3.3 STREET ADDRESS	<b>6734 SWAIN AVE</b>
3.4 CITY-ST-ZIP	<b>TAMPA FL 33625</b>
4.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>ROSIE DAVIS</b>
4.3 STREET ADDRESS	<b>6734 SWAIN AVE</b>
4.4 CITY-ST-ZIP	<b>TAMPA FL 33625</b>
5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>RADO KEVIN</b>
5.3 STREET ADDRESS	<b>704 CHILDERS LOOP</b>
5.4 CITY-ST-ZIP	<b>BRANDON FL</b>
6.1 TITLE	<b>P D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>STRONG MARION</b>
6.3 STREET ADDRESS	<b>5106 SW 45TH BLVD</b>
6.4 CITY-ST-ZIP	<b>BUSHNELL FL 33513</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 \_\_\_\_\_ DATE **4-1-98**

CR2E037 (10/97)