FILE NOW: FILING FEE IS \$61.25

NONPROFIT• **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State . ., **DIVISION OF CORPORATIONS**

1998 **DOCUMENT** #

(3)

TAMPA BAY AMERICAN PIT BULL TERRIER CLUB, INC.

FILED Apr 01 1998 8:00am Secretary of State

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Principal Place of E	Business	Mailing Addres	SS			I LIBOTATA DED TABLO FARDA DATAR LEGOT DATA EL	B	FD14 04044 1004	
MMARION STRONG	1	P O BOX 2294	P O BOX 2294			3. Date Incorporated or Qualified			1
5106 SW 45TH BLV		5106 SW 45TH				09/15/1987			
BUSHNELL FL 33513	3	BUSHNELL FL 3 US	3513			4. FE! Number	I A	oplied For	1
		03				59-3015096	} 1	ot Applicable	1
2. Principal Place	of Business	2a. Mailing Add	dress			Certificate of Status Desired	\$8.75	Additional	1
21		26				o. Certificate of Status Desired		equired	
Suite, Apt. #, et	tc.	Suite, Apt.	#, etc.			6. Election Campaign Financing	\$5.00	May Be]
22		27				Trust Fund Contribution	Added to		ļ
City & State		City & State						n2	╁
Zip	Country	Zip		Country				tangihla	1
24	25	29	30	,		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No			ı
9.	. Name and Address of Curre					10. Name and Address of New Registe			1
				81	Name				1
STRONG, M/	IARION			82	Street A	dress (P.O. Box Number is Not Acceptable)	<u>.</u>		┨
P O BOX 69					Oll OOL 74	across (1.0. Dox Harrison to Hot Acceptable)			
5106 SW 45	STH BLVD			83]
BUSHNELL F	FL 33513			84	City		85 Zip	Code	ł
					•		FL		J
11. Pursuant to the office or regist	e provisions of Sections 617.05	02 and 617.1508, Flor a of Florida, Such cha	ida Statutes, th	e above	named c	orporation submits this statement for the purporation's board of directors. I bereby accept the	se of changing it	ts registered]
agent. I am far	miliar with, and accept the obli-	gations of, Section 61	7.0503, Florida	Statutes		ration's board of directors. I hereby accept the			l
SIGNATURE	sture, typed or printed name of registered a				 				l
12.		ND DIRECTORS		etered Age 13.	nt signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12	١٤
TITLE D				I.1 TITLE			☐ Change	Addition	ļ
NAME V	/ALDEZ, NICK		I 1	2 NAME		link VALDEZ	•		6
1 1	211 CAMERON AVE		1	.3 STREET	ADDRESS	IZII CAMERON AVE			8
CITY-ST-ZIP T/	AMPA FL		I 1	I.4 CITY-S		Tampa FL	_		١š
TITLE D)	□ (DELETE 2	2.1 TITLE	1	1 7	Change	Addition	5
NAME V	/ALDEZ, ART		2	2.2 NAME	,	VAIdez ART	•		1
STREET ADDRESS 45	509 W FERN ST.		2	2.3 STREET		1509 Fern St.			
	AMPA FL			. 4 CITY - S	<u>T-ZIP.</u>	TAMEN FL			١.
TITLE		(⊅24)	1 '	3.1 TITLE	T	700002474	3 B Phange	Addition	
	CHAMBURS, DEBRA		_	3.2 NAME	1	n:keSalz 94 001/9801010-	004		l
	1825 LITHIA PINECREST RD								ı
	THE STATE OF THE S	•	· ·			724 SW佛斯松25			•
I TITLE I S	JTHIA FL		3	3.4. CITY - S	T-ZIP 7	AMPA f) 33625	T Observ	1	
1 7			DELETE 4	3.4. CITY - S 1.1 TITLE	T-ZIP 7		☐ Change	Addition	
NAME S/	SALGADO, MIKE		3 DELETE 4	B.4. CITY - S I.1 TITLE I. 2 NAME	T-ZIP 7	AMPA f) 33625	☐ Change	Addition	
NAME S/ STREET ADDRESS 67	SALGADO, MIKE 1734 SWAIN AVE.		3 DELETE 4 4	3.4. CITY - S 1.1 TITLE 1. 2 NAME 1.3 STREET	T-ZIP 7	Ampa fl 33625 Rosie Davi lla 1734 Sunin Ave	☐ Change	Addition	
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14. I 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 anticompany with expanderess.