

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90061 028 ****61.25

DOCUMENT # N22515

1. Entity 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

20012873



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3015096

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

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

Name

STRONG MARION

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

**P O Box 699
118 W. SEMINOLE AVE**

City

Bushnell

FL

Zip Code

33513

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 VP ☐ Delete
NAME VALDEZ, NICK
STREET ADDRESS 4578 CR 317 A
CITY-ST-ZIP BUSHNELL FL 33513

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

TITLE ST ☐ Delete
NAME JAMISON, SHER
STREET ADDRESS 1705 VILLAGE CT.
CITY-ST-ZIP BRANDON FL 33511

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

TITLE RS ☐ Delete
NAME NORBURY, SHANNON
STREET ADDRESS 10301 PENNYTREE PL.
CITY-ST-ZIP TAMPA FL 33624

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

TITLE D ☐ Delete
NAME RADO, KEVIN
STREET ADDRESS 14904 DEAD RIVER RD.
CITY-ST-ZIP THONOTOSASSA FL 33592

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

TITLE D ☐ Delete
NAME RADO, KEVIN
STREET ADDRESS 14904 DEAD RIVER RD
CITY-ST-ZIP THONOTOSASSA FL 33592

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

TITLE P ☐ Delete
NAME STRONG, MARION
STREET ADDRESS 5106 SW 45TH BLVD.
CITY-ST-ZIP BUSHNELL FL 33513

TITLE ☐ Change ☐ Addition
NAME STRONG MARION
STREET ADDRESS 118 W. Seminole
CITY-ST-ZIP Bushnell FL 33513

12. 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 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:

Marion Strong

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-05 352/793-7223

Date

Daytime Phone #