

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N24391 (7)

1. Corporation Name
SCOTTISH TERRIER CLUB OF TAMPA BAY, INC.



Principal Place of Business Mailing Address
7349 ULMERTON ROAD 7349 ULMERTON ROAD
LOT #126 LOT #126
LARGO FL 34641 LARGO FL 33771-4801

3. Date Incorporated or Qualified 01/19/1988
3a. Date of Last Report 03/06/1996
4. FEI Number NOT APPLICABLE Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
LAVERS, BETTY J.
7349 ULMERTON ROAD
LOT #126
LARGO FL 33771

10. Name and Address of New Registered Agent
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
TITLE P DELETE
NAME PARK, MARGO
STREET ADDRESS 3208-69TH ST E
CITY-ST-ZIP BRADENTON FL
TITLE V DELETE
NAME BRUNEAU, PAUL
STREET ADDRESS 5801-34TH AVE S
CITY-ST-ZIP TAMPA FL
TITLE RCD DELETE
NAME ~~NUTE, SUSAN~~
STREET ADDRESS ~~906 OAK REGENCY LANE~~
CITY-ST-ZIP ~~BRANDON FL~~
TITLE CSD DELETE
NAME LOWE, LESLIE
STREET ADDRESS 315 BLACK OAK CT
CITY-ST-ZIP SEFFNER FL
TITLE TD DELETE
NAME LEONARD, GERRY
STREET ADDRESS 509 NANTUCKET DR.
CITY-ST-ZIP TEMPLE TERRACE FL
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE RCD Change Addition
3.2 NAME NEALE, DONNA
3.3 STREET ADDRESS 5527 Country Lakes Trail
3.4 CITY-ST-ZIP Sarasota, FL 34243
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 attachment with an address.

SIGNATURE: *Paul BrunEAU* PAUL BRUNEAU 2/19/97 877-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0051569

CR2E037 (9/96)