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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N2439

**(7)** 

## SCOTTISH TERRIER CLUB OF TAMPA BAY, INC.

SCOTT	ISH TENI	HIER CLUB OF 17	WIFA E	DAT, ING.								
Principal Place of Business			Mailing Address						I SODICION WIR LIDAN MEDDO NICER IRADI	1101 BIGIT BIG	EL MISIT GIBIL E	(615 61611 1881
7349 ULMERTOF LOT #126 LARGO FL 3464			LO1	9 ULMERTON ROAD F#126 RGO FL 33771-4801								
									3. Date Incorporated or Qualified 01/19/1988		ate of Last I 03/06/19	
Principal Place of Business     Total			2a. Mailing Address 26					4. FEI Number NOT APPLICABLE			pplied For lot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional equired	
City & State			City & State				Election Campaign Financing     Trust Fund Contribution			May Be to Fees		
Zip		Country 25	29	Zip	$\vdash$	ountry			8. This corporation has liability for Florida Statutes		tax under i	s. 199.032,
24	9. Name	and Address of Curre		tered Agent	30	<del></del>			10. Name and Address of New R			
						81	Name					
	BETTY J.	DOAD				82	Street A	ddres	s (P.O. Box Number is Not Accepta	ible)	·	
1349 UL	Merton F 26	TUAD				83					<del></del>	
LARGO F	F <b>LX3464</b> 1X	x 33771				84	City			FI	<b>85</b> Zip	Code
11 Purcuant	to the provis	sions of Sactions 617 OF	02 and 6	17 1508 Florida State	ites the	ahove	-named (	COLOOL	ation submits this statement for the	-	i changing	Its registered
office or r	registered ag	gent, or both, in the Statisth, and accept the obli	te of Florid	da. Such change was f, Section 617.0503, F	authoriz lorida St	zed by	the corpo	oration	ation submits this statement for the n's board of directors. I hereby acce	opt the app	ointment as	s registered
SIGNATURE			_									
SIGNATURE,									······································			
	Signature, typici	d or printed name of registered a				<u>_</u>	nt signature r	aquired	when reinstating)	DATE	DIRECTO	RS IN 12
12.	Signature, typor	d or printed name of registered a OFFICERS A			13	<u>_</u>	nt signature r	equired	when reinstating) ADDITIONS/CHANGES TO OFF		DIRECTO Change	RS IN 12
	P	OFFICERS A		CTORS	13	3.	nt signature r	equired				
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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 of 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an attachment with an address.

SIGNATURE

WILL DAYS OF PRINTED NAME OF SIGNING OFFICER ON BRECTOR

2/19/17 870 Dayli

871-2400 Daytime Phone 9051569

**FILED** 

Feb 27 1997 8:00am

Secretary of State