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FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24391 (7)
 1. Corporation Name
SCOTTISH TERRIER CLUB OF TAMPA BAY, INC.



Principal Place of Business 7349 ULMERTON ROAD LOT #128 LARGO FL 34641	Mailing Address 7349 ULMERTON ROAD LOT #128 LARGO FL 34641
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3. Date Incorporated or Qualified
01/19/1988

4. FEI Number
NOT APPLICABLE

Applied For	Not Applicable
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2. Principal Place of Business
 21. Suite, Apt. #, etc.

2a. Mailing Address
 26. Suite, Apt. #, etc.

23. City & State
 28. City & State

24. Zip Country
 25. Country
 29. Zip Country
 30. Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

LAVERS, BETTY J.
7349 ULMERTON ROAD
LOT #128
LARGO FL 34641

10. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PARK, MARGO	
STREET ADDRESS	3208 69TH ST E	
CITY-ST-ZIP	BRADENTON FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BRUNEAU, PAUL	
STREET ADDRESS	5801-34TH AVE S	
CITY-ST-ZIP	TAMPA FL	
TITLE	RCD	<input type="checkbox"/> DELETE
NAME	NEALE, DONNA	
STREET ADDRESS	5527 COUNTRY LAKES TRAIL	
CITY-ST-ZIP	SARASOTA FL	
TITLE	CSD	<input type="checkbox"/> DELETE
NAME	LOWE, LESLIE	
STREET ADDRESS	315 BLACK OAK CT	
CITY-ST-ZIP	SEFFNER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEONARD, GERRY	
STREET ADDRESS	509 NANTUCKET DR.	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRUNEAU, PAUL
1.3 STREET ADDRESS	PRESIDENT 5801-34TH AVE. S.
1.4 CITY-ST-ZIP	TAMPA, FL 33619
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP DONNA TURNER
2.3 STREET ADDRESS	2201 WHITLOCK PL.
2.4 CITY-ST-ZIP	DOVER, FL 33527
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 attachment with an address.

SIGNATURE: _____ DATE: **2/17/98**
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)