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**Secretary of State**

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0065672

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N24391

1. Corporation Name

SCOTTISH TERRIER CLUB OF TAMPA BAY, INC.

Principal Place of Business

7349 ULMERTON ROAD  
 LOT #126  
 LARGO FL 34641 33771

Mailing Address

7349 ULMERTON ROAD  
 LOT #126  
 LARGO FL 34641 33771



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

01/19/1988

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

9. Name and Address of Current Registered Agent

LAVERS, BETTY J.  
 7349 ULMERTON ROAD  
 LOT #126  
 LARGO FL 34641 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  DELETE

TITLE VP  
 NAME DONNA TURNER  
 STREET ADDRESS 2201 WHITLOCK PL  
 CITY-ST-ZIP DOVER FL 33527

TITLE P  
 NAME BRUNEAU, PAUL  
 STREET ADDRESS 5801-34TH AVE S  
 CITY-ST-ZIP TAMPA FL 33619

TITLE RCD  
 NAME NEALE, DONNA  
 STREET ADDRESS 5527 COUNTRY LAKES TRAIL  
 CITY-ST-ZIP SARASOTA FL

TITLE CSD  
 NAME LOWE, LESLIE  
 STREET ADDRESS 315 BLACK OAK CT  
 CITY-ST-ZIP SEFFNER FL

TITLE TD  
 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  Change  Addition

1.1 TITLE  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  
 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/18/99 813+301-1025

CR2E037 (11/98)