


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # N24391
 1. Entity Name
SCOTTISH TERRIER CLUB OF TAMPA BAY, INC.



Principal Place of Business 7349 ULMERTON ROAD LOT #126 LARGO, FL 33771	Mailing Address 7349 ULMERTON ROAD LOT #126 LARGO, FL 33771
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DO NOT WRITE IN THIS SPACE



02072008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAVERS, BETTY J.
 7349 ULMERTON ROAD
 LOT #126
 LARGO, FL 33771

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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: *Betty J. Lavers* DATE: 2/7/08

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

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEBENE, PAUL 1212 LAKE CHARLES CIR LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARK, RUSTY PO BOX 27012 TAMPA, FL 33623
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RCD WHITNEY, LYNNE 4819 GARDEN LN TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GSD SLATER, LAURIE 15908 MCGLAMERY RD ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEONARD, GERRY 1120 N. RIVER HILLS DR. TEMPLE TERRACE, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000845465
 03/13/08-80040-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Laurie Slater* Corresponding Secretary 2/7/08 813-926-7126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #