

**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**



02072008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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*

(NOTE: Registered Agent signature required when reinstating)

*2/7/08*

DATE

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

U00000845465  
03/13/08-80040-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 A. Slater* Corresponding Secretary *2/7/08* *813-926-7126*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #