

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90009 022 ****61.25

DOCUMENT # N34826 1. Entity Name TAMPA BAY VIZSLA CLUB, INC.					
Principal Place of Business C/O MARLENE CHUMBOOK 405 PELICAN BEND PLACIDA, FL 33946				Mailing Address C/O MARLENE CHUMBOOK 405 PELICAN BEND PLACIDA, FL 33946	
2. Principal Place of Business <i>c/o Jennifer Hermes</i>		3. Mailing Address <i>c/o Jennifer Hermes</i>			
Suite, Apt. #, etc. 7601 S. Shamrock Rd		Suite, Apt. #, etc. 7601 S. Shamrock Rd			
City & State Tampa, FL		City & State Tampa, FL			
Zip 33616	Country USA	Zip 33616	Country USA	4. FEI Number 65-0152961	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHUMBOOK, MARLENE 405 PELICAN BEND PLACIDA, FL 33946			7. Name and Address of New Registered Agent Name <i>Jennifer Hermes</i> Street Address (P.O. Box Number is Not Acceptable) 7601 S. Shamrock Rd City Tampa, FL Zip Code 33616		
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 <i>Jennifer M Hermes</i> Jennifer M Hermes 2/9/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS SULIVAN, KRISTEN 340A 10TH AVE W PALMETTO, FL 34221	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS Sullivan, Kristen 3716 NW 108 Blvd Gainesville, FL 32608	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BONNICE, DON PO BOX 1218 SAN ANTONIO, FL 33576	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bonnice, Don PO Box 1218 San Antonio, FL 33576	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, PATTY 1430 SE 14TH ST FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Hart, Patty 1430 SE 14th St Ft. Lauderdale, FL 33316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMES, PAUL 7601 S. SHAMROCK TAMPA, FL 33616	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hermes, Paul 7601 S. Shamrock Rd Tampa, FL 33616	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHANDLER, BETH 4234 LAKEMOR DR. TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ward, Constance 7315 65th St Vero Beach, FL 32967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BRIEN, CHRIS 2437 GULFSTREAM LANE FT LAUDERDALE, FL 33616	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RC O'Brien, Jennie 2437 Gulfstream Lane FT. Lauderdale, FL 33316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <i>Paul Hermes</i> Paul Hermes <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/27/06 813-610-1360 <small>Date Daytime Phone #</small>		

ATTACHMENT
 40022631
 # N34826

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Daugherty, Stephanie P.O. Box 26 Howey-in-the-Hills, FL 34737
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Matmon, Jean 25482 NW 157th St. Alachua, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Shramko, Larry 905 SE 4th St. Boynton Beach, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition