


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90197 025 \*\*\*\*61.25

<b>DOCUMENT # N34826</b> 1. Entity Name <b>TAMPA BAY VIZSLA CLUB, INC.</b>					
Principal Place of Business <b>C/O JENNIFER HERMES 7601 S. SHAMROCK RS TAMPA, FL 33616</b>			Mailing Address <b>C/O JENNIFER HERMES 7601 S. SHAMROCK RS TAMPA, FL 33616</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b> <b>HERMES, JENNIFER</b> <b>7601 S. SHAMROCK RD</b> <b>TAMPA, FL 33616</b>					
<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	<b>CS</b> <input checked="" type="checkbox"/> Delete				
NAME	<b>SULIVAN, KRISTEN</b>				
STREET ADDRESS	<b>3716 NW 108 BLVD</b>				
CITY-ST-ZIP	<b>GAINESVILLE, FL 32608</b>				
TITLE	<b>D</b> <input type="checkbox"/> Delete				
NAME	<b>BONNICE, DON</b>				
STREET ADDRESS	<b>PO BOX 1218</b>				
CITY-ST-ZIP	<b>SAN ANTONIO, FL 33576</b>				
TITLE	<b>V</b> <input checked="" type="checkbox"/> Delete				
NAME	<b>HARY, PATTY</b>				
STREET ADDRESS	<b>1430 SE 14TH ST</b>				
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33316</b>				
TITLE	<b>P</b> <input checked="" type="checkbox"/> Delete				
NAME	<b>HERMES, PAUL</b>				
STREET ADDRESS	<b>7601 S. SHAMROCK</b>				
CITY-ST-ZIP	<b>TAMPA, FL 33616</b>				
TITLE	<b>T</b> <input type="checkbox"/> Delete				
NAME	<b>WARD, CONSTANCE</b>				
STREET ADDRESS	<b>7315 65TH ST</b>				
CITY-ST-ZIP	<b>VERO BEACH, FL 32967</b>				
TITLE	<b>RC</b> <input type="checkbox"/> Delete				
NAME	<b>O'BRIEN, JENNIE</b>				
STREET ADDRESS	<b>2437 GULF STREAM LANE</b>				
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33312</b>				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE	<b>CS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>Mangold, Kathy</b>				
STREET ADDRESS	<b>596 B Morningside Dr.</b>				
CITY-ST-ZIP	<b>Lake Worth, FL 33463</b>				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>Hart, Patty</b>				
STREET ADDRESS	<b>1430 SE 14th St</b>				
CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33316</b>				
TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>Shramko, Patrice</b>				
STREET ADDRESS	<b>905 SE 4th St.</b>				
CITY-ST-ZIP	<b>Boynton Beach, FL 33435</b>				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					



03122007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0152961**

Applied For  
Not Applicable

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

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

50001302

#N34826

ADDITIONAL OFFICERS/DIRECTORS OF TAMPA BAY VIZSLA CLUB, INC.

Title: V  
Name: Stephanie Daugherty  
Street Address: P.O. Box 26  
City-State-Zip: Howey-in-the-Hills, Fl 34737

Title: D  
Name: Jan Fowler  
Street Address: 6609 W. Angela Ct.  
City-State-Zip: Dunnellon, Fl 34433

Title: D  
Name: Jean Matmor  
Street Address: 25482 NW 157<sup>th</sup> St.  
City-State-Zip: Alachua, Fl 32612