

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Candice B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 3:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N38425 (7)
1. Corporation Name
CYPRESS CREEK COON HOUND ASSOCIATION, INC.

Principal Place of Business Mailing Address
**14517 DEL VALLE RD.
TAMPA FL 33625**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/01/1990** 3a. Date of Last Report **05/17/1994**
4. FEI Number **NOT APPLICABLE** Applied For ☐
Not Applicable ☐

2. Principal Place of Business 2a. Mailing Address
21 **SPRINGHILL, FLORIDA** 26 **SAME AS ABOVE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 City & State 28 City & State
24 City 25 Country 29 City 30 Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**TRACY, PHIL
1829 DEASON DRIVE
SPRING HILL FL 34610**

10. Name and Address of New Registered Agent
81 Name **LUPE VALDEZ**
82 Street Address (P.O. Box Number is Not Acceptable) **14517 DEL VALLE RD.**
83 City **TAMPA** FL 85 Zip Code **33625**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Lupe Valdez* (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	TRACY, PHIL	12 NAME	LUPE VALDEZ
STREET ADDRESS	18219 DEASON DRIVE	13 STREET ADDRESS	14517 DEL VALLE RD.
CITY ST ZIP	SPRING HILL FL 34610	14 CITY ST ZIP	TAMPA, FLA 33625
TITLE	D	21 TITLE	D ☒ Change ☐ Addition
NAME	JOHNSON, DEWAYNE	22 NAME	STACEY CRISWELL
STREET ADDRESS	10310 MOOSE LANE	23 STREET ADDRESS	25255 DAN BROWN HILL RD.
CITY ST ZIP	HUDSON FL	24 CITY ST ZIP	BROOKSVILLE, FL 34601
TITLE	D	31 TITLE	D ☒ Change ☐ Addition
NAME	PATTERSON, BRAD	32 NAME	ANNETTE WHITMAN
STREET ADDRESS	9433 OTNIWAY N.	33 STREET ADDRESS	8509 GUNN HWY
CITY ST ZIP	PINELLAS PARK FL 33625	34 CITY ST ZIP	ODESSA, FLA 33556
TITLE	D	41 TITLE	S ☒ Change ☐ Addition
NAME	VALDEZ, LUPE	42 NAME	DAVE CRISWELL
STREET ADDRESS	14517 DEL VALLE ROAD	43 STREET ADDRESS	25255 DAN BROWN HILL RD.
CITY ST ZIP	TAMPA FL 33625	44 CITY ST ZIP	BROOKSVILLE, FL 34601
TITLE	D	51 TITLE	S ☒ Change ☐ Addition
NAME	JUSSEAU LORIE	52 NAME	ANGEL VALDEZ
STREET ADDRESS	10348 FRIERSON LAKE DR	53 STREET ADDRESS	14517 DEL VALLE RD.
CITY ST ZIP	HUDSON FL	54 CITY ST ZIP	TAMPA, FLA. 33625
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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****130.00 ****130.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 my address.

SIGNATURE: *Lupe Valdez* *Annette Whitman* **3/27/95** (w) 813-855-5520
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR