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FILED

Mar 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N44387 (1)**

1. Corporation Name

SIBERIAN HUSKY CLUB OF TAMPA BAY, INC.

Principal Place of Business

Mailing Address

**512 ROBIN HILL CIR.
BRANDON FL 33510
US****512 ROBIN HILL CIR.
BRANDON FL 33510-3318
US**3. Date Incorporated or Qualified
07/23/19913a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

4. FEI Number

59-2977643

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ACEVEDO, DONNA J.
512 ROBIN HILL CIR.
BRANDON FL 33510**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P STOTT, JOHN**
STREET ADDRESS **10364 CHADBOURNE DRIVE**
CITY-ST-ZIP **TAMPA FL 33624**TITLE ☐ DELETE
NAME **V VAN CLEVE, LINDA**
STREET ADDRESS **5946 BAYOU GRANDE BLVD. NE**
CITY-ST-ZIP **ST. PETERSBURG FL 33073**TITLE ☐ DELETE
NAME **T ACEVEDO, DONNA J.**
STREET ADDRESS **512 ROBIN HILL CIR.**
CITY-ST-ZIP **BRANDON FL 33510**TITLE ☐ DELETE
NAME **D JOHNSON, LORRAINE**
STREET ADDRESS **1707 WESTERLY DR.**
CITY-ST-ZIP **BRANDON FL 33511**TITLE ☐ DELETE
NAME **D ANDERTON, MARILYN**
STREET ADDRESS **11373 67TH AVE. N.**
CITY-ST-ZIP **SEMINOLE FL 34642**TITLE ☐ DELETE
NAME **D WERDER, THERESA**
STREET ADDRESS **615 WOODLAWN AVE.**
CITY-ST-ZIP **ST. PETERSBURG FL 34616**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **Stott, Connie "D"**
5.3 STREET ADDRESS **10364 Chadbourne Drive**
5.4 CITY-ST-ZIP **Tampa, FL 33624**6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **Wright, Peggy "D"**
6.3 STREET ADDRESS **5547 Bates Street**
6.4 CITY-ST-ZIP **Seminole, FL 33772**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an address.

SIGNATURE: *Donna J. Acevedo*

Donna J. Acevedo

March 17, 1997

(813) 689-0731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0045376

CP2E037 (9/96)