2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44387

FILED Feb 18, 2005 Secretary of State

Entity Name: SIBERIAN HUSKY CLUB OF TAMPA BAY, INC.

	Tillicipal Flac	e of Business:	New Principal Plac	e or Business:
	N HILL CIR. N, FL 33510	US		
Current N	Mailing Addre	ss:	New Mailing Addre	ss:
	N HILL CIR. N, FL 33510	US		
FEI Numbei	r: 59-2977643	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
512 ROBI	O, DONNA J. N HILL CIR. N, FL 33510	US		
	e named entity te of Florida.	submits this statement for the p	urpose of changing its register	ed office or registered agent, or bot
SIGNATU	IRE:			
	Electro	nic Signature of Registered Age	ent	Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	GES TO OFFICERS AND DIRECT
Γitle: Name: Address: City-St-Zip:	P (VAN CLEVE, L 4806 BLOOMI VALRICO, FL	NGDALE AVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Fitle: Name: Address: Dity-St-Zip:	CRISPIN, BYR 6780 82ND AV		Title: Name: Address: City-St-Zip:	() Change () Addition
√ame: √ddress:	CRISPIN, BYR 6780 82ND AV PINELLAS PAI	ON /E N RK, FL 33781 US) Delete ARY IDGE BLVD	Name: Address:	() Change () Addition () Change () Addition
Name: Address: City-St-Zip: Fitle: Name: Address:	CRISPIN, BYR 6780 82ND AV PINELLAS PAI S (KUDERICK, M 3904 LITHIA R VALRICO, FL	CON (E N RK, FL 33781 US) Delete ARY IDGE BLVD 33594 US) Delete DNNA J., LL CIR.	Name: Address: City-St-Zip: Title: Name: Address:	• • •
Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	CRISPIN, BYR 6780 82ND AV PINELLAS PAI S (KUDERICK, M 3904 LITHIA R VALRICO, FL T (ACEVEDO, DC 512 ROBIN HII BRANDON, FL D (KASZER, GING 1831 BAYOU G	CON (FEN RK, FL 33781 US) Delete ARY IDGE BLVD 33594 US) Delete DNNA J., LL CIR 33510 US) Delete	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA J ACEVEDO T 02/18/2005