

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45474

(6)

1. Corporation Name

TERRIER ACTIVITY GROUP, INC.



Principal Place of Business

2300 MIDWAY BLVD.
PORT CHARLOTTE FL 33952

Mailing Address

2300 MIDWAY BLVD.
PORT CHARLOTTE FL 33952

3. Date Incorporated or Qualified
10/04/1991

3a. Date of Last Report
03/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0297946

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

GASGARTH, KAY
C/O PORT CHARLOTTE JR. HIGH
2300 MIDWAY BLVD.
PORT CHARLOTTE FL 33952

81 Name

ANN PINDER

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

C/O PORT CHARLOTTE JR. HIGH

83

2300 MIDWAY BLVD

84 City

PORT CHARLOTTE

FL

85 Zip Code

33952

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE

NAME GASGARTH, KAY
STREET ADDRESS 132 SINCLAIR ST. S.E.
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE VP ☒ DELETE

NAME SUAREZ, CHRISTINE
STREET ADDRESS 288 YORKSHIRE ST
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE VP ☒ DELETE

NAME WALTHER, MARY LU
STREET ADDRESS 702 NEW YORK AVE NE
CITY-ST-ZIP PT CHARLOTTE FL

TITLE D ☒ DELETE

NAME BLAKELY, KARIN
STREET ADDRESS 738 NEW YORK AVE NE
CITY-ST-ZIP PT CHARLOTTE FL

TITLE D ☒ DELETE

NAME COUNTRYMAN, RITA
STREET ADDRESS 2559 BRAZILIA CT
CITY-ST-ZIP PUNTA GORDA FL

TITLE D ☒ DELETE

NAME KEMPENEER, KERRY
STREET ADDRESS 21248 CHATBURN AVE
CITY-ST-ZIP PT CHARLOTTE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

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☐ Change ☐ Addition

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 an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)