


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N94000000395</b>						<b>FILED</b> 05 MAR -1 PM 5:37 <i>[Signature]</i> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>1. Entity Name</b> TAMPA BAY GREYHOUND ASSOCIATION, INC.				<b>Principal Place of Business</b> 3720 QUAIL FOREST DRIVE TARPON SPRINGS, FL 34689			
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.				<b>3. Mailing Address</b> Suite, Apt. #, etc.			
<b>City &amp; State</b>				<b>City &amp; State</b>			
<b>Zip</b>		<b>Country</b>		<b>Zip</b>		<b>Country</b>	
<b>6. Name and Address of Current Registered Agent</b> CAPLE, PAUL 3720 QUAIL FOREST DRIVE TARPON SPRINGS, FL 34689				<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			
<b>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.</b>							
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____							
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>				<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> TD <input type="checkbox"/> Delete <b>NAME</b> CAPLE, PAUL <b>STREET ADDRESS</b> 3720 QUAIL FORREST DRIVE <b>CITY-ST-ZIP</b> TARPON SPRINGS, FL 34689				<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> 600048830828 <b>STREET ADDRESS</b> 03/22/05--01008--020 **61.25 <b>CITY-ST-ZIP</b>			
<b>TITLE</b> VPD <input checked="" type="checkbox"/> Delete <b>NAME</b> CONNELL, RODNEY <b>STREET ADDRESS</b> P O BOX 950550 <b>CITY-ST-ZIP</b> LAKE MARY, FL 32795				<b>TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> VPD John Filipelli, Jr. <b>STREET ADDRESS</b> 1390 86th TERR N <b>CITY-ST-ZIP</b> ST PETERSBURG, FL 33702			
<b>TITLE</b> PD <input type="checkbox"/> Delete <b>NAME</b> HOLLAND, CAL <b>STREET ADDRESS</b> 8400 -7TH ST N. <b>CITY-ST-ZIP</b> ST PETERSBURG, FL 33702				<b>TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> 3935 92ND TERR N <b>STREET ADDRESS</b> Pinellas Park, FL 33782 <b>CITY-ST-ZIP</b>			
<b>TITLE</b> SD <input checked="" type="checkbox"/> Delete <b>NAME</b> LESPERANCE, JAN A <b>STREET ADDRESS</b> 8410 ORIENT WAY N.E. <b>CITY-ST-ZIP</b> ST. PETERSBURG, FL 33702				<b>TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> SD Remy Finegan <b>STREET ADDRESS</b> 8476 Lake Marietta DR. S <b>CITY-ST-ZIP</b> Jacksonville, FL 32220			
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>				<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>				<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			
<b>12. I 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 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.</b>							
<b>SIGNATURE:</b> <i>[Signature: Paul Caple]</i> <b>Paul Caple Treas D</b> <b>Date:</b> 2/25/05 <b>Daytime Phone #:</b> 727-515-9867							