

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2004 8:00 am**  
**Secretary of State**

01-14-2004 90009 018 \*\*\*\*61.25

<b>DOCUMENT # N95000003283</b>					
<b>1. Entity Name</b> ST. PETE MAD DOGS TRIATHLON CLUB, INC.					
<b>Principal Place of Business</b> PO BOX 635 ST PETERSBURG, FL 33731-0635			<b>Mailing Address</b> PO BOX 635 ST PETERSBURG, FL 33731-0635		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3326485	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
HUDSON, TIM 2669 RENATTA DRIVE BELLEAIR BLUFFS, FL 33770-1773			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			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>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</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> PD <b>NAME</b> COATES, BARRIE- <b>STREET ADDRESS</b> 3314 SAN DOMINGO STREET <b>CITY-ST-ZIP</b> CLEARWATER, FL 33759	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> MCGUIRE, BRYAN <b>STREET ADDRESS</b> 2963 2ND AVE N. <b>CITY-ST-ZIP</b> ST. PETERSBURG, FL 33712	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> KASCHAK, LISA <b>STREET ADDRESS</b> 801 -23RD AVE N <b>CITY-ST-ZIP</b> SAINT PETERSBURG, FL 33704	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VD <b>NAME</b> MORGAN, KATHY <b>STREET ADDRESS</b> 727 37th AVE N. <b>CITY-ST-ZIP</b> ST. PETERSBURG, FL 33704-1619	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> HUDSON, TIM <b>STREET ADDRESS</b> 2669 RENATTA DRIVE <b>CITY-ST-ZIP</b> BELLEAIR BLUFFS, FL 337701773	<input type="checkbox"/> Delete		<b>TITLE</b> S <b>NAME</b> CARR, NICOLE <b>STREET ADDRESS</b> 1006 21st AVE N. <b>CITY-ST-ZIP</b> ST. PETERSBURG, FL 33704	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> DELAND, ERIC <b>STREET ADDRESS</b> 3855 IRIS STREET <b>CITY-ST-ZIP</b> SAINT PETERSBURG, FL 33703	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> ALTOMARE, TROY <b>STREET ADDRESS</b> 11601 4th ST. N. #4106 <b>CITY-ST-ZIP</b> ST. PETERSBURG, FL 33716	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> KIPER, CAROLYN <b>STREET ADDRESS</b> 1530 15TH ST. N. <b>CITY-ST-ZIP</b> SAINT PETERSBURG, FL 33704	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> TRETHENAY, MEGAN <b>STREET ADDRESS</b> 3910 44th ST. N. UNIT C8 <b>CITY-ST-ZIP</b> ST. PETERSBURG, FL 33714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<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> <u>Tim Hudson</u> <b>TIM HUDSON - TREASURER</b> <u>01/12/04</u> <u>(727) 518-1463</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Attachment

44001775

**2004 Not-For-Profit Annual Report**

**Document #N95000003283**

**Supplemental Schedule**

**Additional Officers:**

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Coates, Susan

3314 San Domingo Street

Clearwater, FL 33759

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Forte, Tony

2347 Woodlawn Cir W.

St. Petersburg, FL 33704

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D

Spiteri, Philippe

P.O. Box 17362

Clearwater, FL 33762

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