

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000005412

1. Entity Name
SUNSHINE TERRIER CLUB, INC.



Principal Place of Business
11325 BLACKWOOD DR.
NEW PORT RICHEY, FL 34654

Mailing Address
11325 BLACKWOOD DR.
NEW PORT RICHEY, FL 34654



01052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2977022

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PASKO JR, WALTER V
11325 BLACKWOOD DR
NEW PORT RICHEY, FL 34654

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PASKO, JUNE E
STREET ADDRESS 11325 BLACKWOOD DR.
CITY - ST - ZIP NEW PORT RICHEY, FL 34654

TITLE VD
NAME MEETZE, NATHAN
STREET ADDRESS 11325 BLACKWOOD DR.
CITY - ST - ZIP NEW PORT RICHEY, FL 34654

TITLE S
NAME SCHEIGERT, MELISSA A
STREET ADDRESS 11325 BLACKWOOD DR.
CITY - ST - ZIP NEW PORT RICHEY, FL 34654

TITLE TD
NAME PASKO, WALTER V JR.
STREET ADDRESS 11325 BLACKWOOD DR.
CITY - ST - ZIP NEW PORT RICHEY, FL 34654

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: WALTER V. PASKO JR *Walter Pasko Jr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 JAN 04
Date

727-856-6219
Daytime Phone #