

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007008

FILED
Feb 20, 2006
Secretary of State

Entity Name: BAY AREA GREYHOUND ADOPTIONS, INC.

Current Principal Place of Business:

POST OFFICE BOX 21641
TAMPA, FL 33622 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 21641
TAMPA, FL 33622 US

New Mailing Address:

FEI Number: 74-3126463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYMAN, LINDA
12707 OAKLEAF AVENUE
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LYMAN, LINDA
Address: 12707 OAKLEAF AVE
City-St-Zip: TAMPA, FL 33612 US

Title: DVP () Delete
Name: PARKER, TRACY
Address: 524 AVOCADO CIRCLE
City-St-Zip: BRANDON, FL 33510

Title: DS () Delete
Name: JESKE, KATHY
Address: 4111 WINDTREE DR
City-St-Zip: TAMPA, FL 33624 US

Title: DT () Delete
Name: GIBSON, KAREN
Address: 2804 TIMBER KNOLL DR
City-St-Zip: VALRICO, FL 33594 US

Title: D () Delete
Name: WOOD, DAVID
Address: 705 TARAWOOD LANE
City-St-Zip: VALRICO, FL 33594 US

Title: D () Delete
Name: YOUNG, ROBERT
Address: 954 LYNTHURST ST
City-St-Zip: DUNEDIN, FL 34698 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: GIBSON, KEN
Address: 2804 TIMBER KNOLL DR
City-St-Zip: VALRICO, FL 33594 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LINDA LYMAN

DP

02/20/2006

Electronic Signature of Signing Officer or Director

Date