2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# N04000007008

Entity Name: BAY AREA GREYHOUND ADOPTIONS, INC.

Current Principal Place of Business:

12707 OAKLEAF AVE
TAMPA, FL 33612 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:	GIBSON, KEN	
Address:	2804 TIMBER KNOLL DR	
City-St-Zip:	VALRICO, FL 33594 US	
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:	BLOUIN, AVA	
Address:	175 IRWIN STREET WEST	
City-St-Zip:	OLDSMAR, FL 34695 US	
Title:	D	( ) Delete
Name:	JEFFREY, SANDLER	
Address:	16202 W. COURSE DR	
City-St-Zip:	TAMPA, FL 33624 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	
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 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 02/10/2009

Electronic Signature of Signing Officer or Director — Date