## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT

SIGNATURE:

## Jun 18 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # N97000000962 (7) PENSACOLA GREYHOUND ASSOCIATION, INC. Principal Place of Business Mailing Address 10307 TANTON RD 10307 TANTON RD 3. Date Incorporated or Qualified PENSACOLA FL 32506-9584 PENSACOLA FL 32506-9584 02/17/1997 Applied For Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 28 Country Zip Žiρ Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ETHEREDGE, WINSTON R Street Address (P.O. Box Number is Not Acceptable) **B2** 10307 TANTON RD 83 PENSACOLA FL 32506-9584 84 City Zip Code 85 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Rogistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE 1.1 TITLE NAME 1.2 NAME CR2E037 STREET ADDRESS 1.3 STREET ADDRES CITY - ST - ZIP 1.4 CITY-ST-ZIP DIN TITEF 21 JULE NAME 2.2 NAME Takald Tape STREET ADDRESS 2.3 STREET ADDRESS CITY-S1-ZIP 2. 4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CHTY-ST-ZIP Change Addition TITLE 4.1 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-20P 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. Thereby 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the roceiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or organ attachment with an address.

**FILED** 

4-21-98