


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90039 037 ****61.25

DOCUMENT # N99000004813					
1. Entity Name GREYHOUND PETS OF AMERICA, INC./GREATER ORLANDO CHAPTER					
Principal Place of Business 1260 S. CR 427 LONGWOOD FL 32750		Mailing Address 1260 S. CR 427 LONGWOOD FL 32750			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 95-4114011	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOYER, DEBORAH 901 COPPERFIELD TERR CASSELBERRY FL 32707			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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		<i>Deborah J. Moyer, Deborah J Moyer</i>		DATE 3/5/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DCOB	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOYER, DEBORAH		NAME	2205 Hunterfield Rd	
STREET ADDRESS	901 COPPERFIELD TERR.		STREET ADDRESS	Maitland, FL - 32751	
CITY-ST-ZIP	CASSELBERRY FL 32707		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, CHERI		NAME		
STREET ADDRESS	3 MICHELLE DR		STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL 32707		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORE, ALICE		NAME		
STREET ADDRESS	1759 PERUVIAN LANE		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, JOAN		NAME		
STREET ADDRESS	385 RALEIGH PL		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL 32773		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: <i>Deborah J Moyer</i>		Date 3/5/04		Daytime Phone # 407-834-9106	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	