

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007008

FILED
Mar 23, 2015
Secretary of State
CC8000121485

Entity Name: BAY AREA GREYHOUND ADOPTIONS, INC.

Current Principal Place of Business:

12707 OAKLEAF AVE
TAMPA, FL 33612

Current Mailing Address:

POST OFFICE BOX 21641
TAMPA, FL 33622 US

FEI Number: 74-3126463

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LYMAN, LINDA
12707 OAKLEAF AVENUE
TAMPA, FL 33612 US

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

Officer/Director Detail :

Title DP
Name LYMAN, LINDA
Address 12707 OAKLEAF AVE
City-State-Zip: TAMPA FL 33612

Title DS
Name JESKE, KATHLYNN
Address 4111 WINDTREE DR
City-State-Zip: TAMPA FL 33624

Title DT
Name HARDY, DAVID
Address 23549 WOODGLEN AVE
City-State-Zip: LAND O'LAKES FL 34639

Title D
Name CELLI, BARBARA
Address 1766 CASTLE ROCK ROAD
City-State-Zip: TAMPA FL 33612

Title VP, DIRECTOR
Name HARDY, LESLIE
Address 23549 WOODGLEN AVE.
City-State-Zip: LAND O'LAKES FL 34639

Title DIRECTOR
Name RACINE, LAURIE
Address 524 FIREFLY LANE
City-State-Zip: APOLLO BEACH FL 33572

Title DIRECTOR
Name WEAVER, GLENN
Address 1612 ORACLE DRIVE
City-State-Zip: RUSKIN FL 33573

Title DIRECTOR
Name BOLACK, ELAINE
Address 24203 DRACENA COURT
City-State-Zip: LUTZ FL 33559

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I hereby 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 all other like empowered.

SIGNATURE: LINDA LYMAN

PRESIDEDNT

03/23/2015

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WOOD, DAVID
Address 705 TARAWOOD LANE
City-State-Zip: VALRICO FL 33594