

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000007008

**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

**Continues on page 2**

*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