DOCUMENT# F16000001976
Entity Name: GREYHOUND HOPE REHABILITATION AND ADOPTION, INC.

2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

# Current Principal Place of Business:

281 BLANCHARD DR DEFIANCE, OH 43512

#### **Current Mailing Address:**

2048 NE 20TH TERR CAPE CORAL, FL 33909 US

## FEI Number: 47-1885958

### Name and Address of Current Registered Agent:

FIELDS, BARBARA L 2048 NE 20TH LANE CAPE CORAL, FL 33909 US

Date

Certificate of Status Desired: No

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

#### **Officer/Director Detail :**

Title	D	Title	D
Name	WEAKLEY, NAN	Name	DOWLER, JOSIE
Address	112 CLEVELAND AVE	Address	1456 DEERWOOD CT
City-State-Zip:	DEFIANCE OH 43512	City-State-Zip:	DEFIANCE OH 43512
Title	Р	Title	VP
Name	FIELDS, BARBARA L	Name	GIESIGE, RANDY
Address	2048 NE 20TH TERR	Address	281 BLANCHARD DR
City-State-Zip:	CAPE CORAL FL 33909	City-State-Zip:	DEFIANCE OH 43512
Title	S	Title	т
Name	FIELDS, BARBARA	Name	GIESIGE, RANDY
Address	2048 NE 20TH TERR	Address	281 BLANCHARD DR
City-State-Zip:	CAPE CORAL FL 33909	City-State-Zip:	DEFIANCE OH 43512

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: BARBARA FIELDS

PRESIDENT

02/12/2017

Electronic Signature of Signing Officer/Director Detail

Date