2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State
03-25-2005 90025 002 ****61.25

DOCUMENT # N01000003194

1. Entity Name
FRIENDS OF GREYHOUNDS, INC.

Principal Place of Business	Mailing Address
2621 NW 105 LANE SUNRISE, FL 33322	PO BOX 100894 FT LAUDERDALE, FL 33310-0894

66012368

02112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1109527
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WEAVER, MICHELLE I
2621 NW 105 LANE
SUNRISE, FL 33322

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DEITCH, GERALD
STREET ADDRESS	2621 NW 105 LANE
CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	D
NAME	RABON, LISA
STREET ADDRESS	8720 N.W. 25 TERR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	DVT
NAME	WEAVER, MICHELLE I
STREET ADDRESS	2621 NW 105 LANE
CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Michelle I Weaver VP+TR 4/15/05 954-932-9663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #