

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003194

FILED  
Jan 26, 2006  
Secretary of State

Entity Name: FRIENDS OF GREYHOUNDS, INC.

**Current Principal Place of Business:**

2621 NW 105 LANE  
SUNRISE, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 100894  
FT LAUDERDALE, FL 333100894

**New Mailing Address:**

FEI Number: 65-1109527

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: DEITCH, GERALD  
Address: 2621 NW 105 LANE  
City-St-Zip: SUNRISE, FL 33322

Title: D ( ) Delete  
Name: RABON, LISA  
Address: 6720 N.W. 25 TERR  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: DVT ( ) Delete  
Name: WEAVER, MICHELLE I  
Address: 2621 NW 105 LANE  
City-St-Zip: SUNRISE, FL 33322

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHELLE I WEAVER

RA

01/26/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date