

**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90203 016 ****61.25

DOCUMENT # *NO1000008918*

1. Entity Name

*HALFPINT HAVEN BORDOI AND
GREYHOUND ADOPTIONS, INC.*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3027 WALTER Rd

Suite, Apt. #, etc.

3. Mailing Address

3027 WALTER Rd

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32254

Country

USA

Zip

32254

Country

USA

4. FEI Number

01-0578428

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name *MARY E SIMPSON*

Street Address (P.O. Box Number is Not Acceptable)

3027 WALTER Rd

Jacksonville

City

FL

Zip Code

32254

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended AR

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<i>Pres</i>
NAME	<i>MARY E SIMPSON</i>
STREET ADDRESS	<i>3027 WALTER Rd</i>
CITY-ST-ZIP	<i>Jacksonville, Florida 32254</i>
TITLE	<i>V Pres</i>
NAME	<i>WAYNE MANSFIELD</i>
STREET ADDRESS	<i>3027 WALTER Rd</i>
CITY-ST-ZIP	<i>Jacksonville, Florida 32254</i>
TITLE	<i>Sec/Treas</i>
NAME	<i>TERRI Segal</i>
STREET ADDRESS	<i>3027 WALTER Rd</i>
CITY-ST-ZIP	<i>Jacksonville, Florida 32254</i>
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *MARY E SIMPSON* *4-20-07* *904-693-3812*