2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N02000004629

Entity Name: THE GREYHOUND GANG OF FLORIDA, INC.

Current Principal Place of Business:

1128 BLOOM HILL AVENUE
VALRICO, FL 33596

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1885
SEFFNER, FL 33583

New Mailing Address:

FEI Number: 59-3747341 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAY, JOAN
1128 BLOOM HILL AVENUE
VALRICO, FL 33596 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:	PD	( ) Delete
Name:	RAY, JOAN	
Address:	1128 BLOOM HILL AVENUE	
City-St-Zip:	VALRICO, FL 33596	
Title:	TD	( ) Delete
Name:	CRAFT, DARLENE	
Address:	10247 RACHEL CHERIE DRIVE	
City-St-Zip:	POLK CITY, FL 33868	
Title:	VPD	( ) Delete
Name:	MYERS, PAT	
Address:	1149 OAKHILL ST	
City-St-Zip:	SEFFNER, FL 33584	
Title:	SD	( ) Delete
Name:	MICHAEL, CHERYL	
Address:	1120 WESTWOOD DRIVE	
City-St-Zip:	LUTZ, FL 33549	
Title:	D	( ) Delete
Name:	CHIO, MICHELLE	
Address:	7020 ASPEN AVE.	
City-St-Zip:	TAMPA, FL 33637	
Title:	D	(X) Delete
Name:	SHAW, AILEEN	
Address:	834 INNERGARY PLACE	
City-St-Zip:	VALRICO, FL 33594	

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:		
Title:	SD	(X) Change ( ) Addition
Name:	SHAW, AILEEN	
Address:	834 INNERGARY PLACE	
City-St-Zip:	VALRICO, FL 33594	
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 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: JOAN RAY PD 04/10/2009
Electronic Signature of Signing Officer or Director — Date