


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # N04000001351	
1. Entity Name SOUTHEASTERN GREYHOUND ADOPTION - TALLAHASSEE, INC.	

Principal Place of Business 11049 PENNEWAW TRACE TALLAHASSEE, FL 32317	Mailing Address 11049 PENNEWAW TRACE TALLAHASSEE, FL 32317
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 95-4114011	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FISHER, LISA 11049 PENNEWAW TRACE TALLAHASSEE, FL 32317	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee Is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVIS, PAM 1578 GAINEY RD CAIRO, GA 39828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FISHER, LISA 11049 PENNEWAW TRACE TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, TAMMIE 11049 PENNEWAW TRACE TALLAHASSEE, FL 32317
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**DO NOT WRITE
IN THIS SPACE**

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05/23/07-80083-007 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 life empowered.

SIGNATURE: Pam Davis *Pam Davis* **4/29/2007** **850-294-1814**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #