

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED
Jul 09, 2008 08:00 AM
Secretary of State



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number
95-4114011

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FISHER, LISA
11049 PENNEWAW TRACE
TALLAHASSEE, FL 32317

**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 reissuing)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000953664
07/09/08-80001-006 61.25

**DO NOT WRITE
IN THIS SPACE**

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 officers empowered.

SIGNATURE:

Pamela Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-2008

Date

294-1814

Daytime Phone #