2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2011
Secretary of State

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Entity Name: BAY AREA GREYHOUND ADOPTIONS, INC.

Current Principal Place of Business:

12707 OAKLEAF AVE
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 21641
TAMPA, FL 33622 US

New Mailing Address:

FEI Number: 74-3126463 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYMAN, LINDA
12707 OAKLEAF AVENUE
TAMPA, FL 33612 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
Name: LYMAN, LINDA
Address: 12707 OAKLEAF AVE
City-St-Zip: TAMPA, FL 33612 US

Title: DVP
Name: SMITH, TIFFANI
Address: 226 HEMINGWAY DR.
City-St-Zip: OLDSMAR, FL 34677 US

Title: DS
Name: JESKE, KATHLYNN
Address: 4111 WINDTREE DR
City-St-Zip: TAMPA, FL 33624 US

Title: DT
Name: DIXON, MARY LOU
Address: 2113 CATTLEMAN DR
City-St-Zip: BRANDON, FL 33511 US

Title: D
Name: MURPHY, BILL
Address: 5518 11TH ST.
City-St-Zip: ZEPHYRHILLS, FL 33542 US

Title: D
Name: CELLI, BARBARA
Address: 1766 CASTLE ROCK ROAD
City-St-Zip: TAMPA, FL 33612 US

I hereby 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 all other like empowered.

SIGNATURE: LINDA LYMAN PD 02/15/2011

Electronic Signature of Signing Officer or Director Date