

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N04000010552**

1. Entity Name  
**FAST FRIENDS GREYHOUND ADOPTION, INC.**



Principal Place of Business  
**5400 BRADENTON RD  
SARASOTA, FL 34234**

Mailing Address  
**5400 BRADENTON RD  
SARASOTA, FL 34234**



01072008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1886202**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301**

**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

**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  
**D  
NEILSON, CHARLES  
P.O. BOX 125  
INDIAN ROCKS BEACH, FL 33785**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
COLLINS, JACK JR.  
5400 BRADENTON RD  
SARASOTA, FL 34234**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
COLLINS, CHRISTOPHER  
5400 BRADENTON RD  
SARASOTA, FL 34234**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
COFFEY, NANCY  
5400 BRADENTON ROAD  
SARASOTA, FL 34234**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000833985  
02/28/08-80034-014 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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18

Date

941 355-7744

Daytime Phone #