FILE NOW: FILING FEE IS $61.25

APPROVED AND FILED

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N19998** **(6)**

1. Corporation Name

AMERICAN GREYHOUND COUNCIL, INC.

Principal Place of Business	Mailing Address
1065 N.E. 125 STREET, S-219 NORTH MIAMI FL 33161-2832	1065 NE 125TH ST. STE 219 NORTH MIAMI FL 33161-5832 US

3. Date Incorporated or Qualified: **04/06/1987**

3a. Date of Last Report: **04/20/1995**

4. FEI Number: **59-2792132** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 1000 John Rogers Drive	26 1000 John Rogers Drive
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Birmingham, AL	28 Birmingham, AL
24 Zip 35210 / 25 Country USA	29 Zip 35210 / 30 Country USA

9. Name and Address of Current Registered Agent

WINTERS, PATRICK E.
1065 NE 125TH ST.
STE 219
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name: PURNELL, HAROLD F.X.
82 Street Address (P.O. Box Number is Not Acceptable): 215 S. MONROE ST. #420
83
84 City: TALLAHASSEE **FL** 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ HAROLD F.X. PURNELL 4/25/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SPITZER, WLLEN W.		1.2 NAME	ANDERSON, GERALD	
STREET ADDRESS	320 NW 115TH ST		1.3 STREET ADDRESS	3413 CANYON ROAD	
CITY-ST-ZIP	MIAMI SHORES FL		1.4 CITY-ST-ZIP	LUBBOCK, TX 79403	
TITLE	VPD	☒ DELETE	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	BROSNAN, DAVID		2.2 NAME	ALLEN, JANET	
STREET ADDRESS	10 DAY AVENUE		2.3 STREET ADDRESS	12114 VICTORIA	
CITY-ST-ZIP	GLOUCESTER MA		2.4 CITY-ST-ZIP	CHANDLER, AZ 85249	
TITLE	SD	☐ DELETE	3.1 TITLE	VPD	☐ Change ☒ Addition
NAME	LUCIANO, DANIEL		3.2 NAME	LUCIANO, DANIEL	
STREET ADDRESS	3801 E. WASHINGTON ST		3.3 STREET ADDRESS	3801 E. WASHINGTON ST.	
CITY-ST-ZIP	PHOENIX AZ		3.4 CITY-ST-ZIP	PHOENIX, AZ 85034	
TITLE	TD	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	ROSCH, BERNARD		4.2 NAME	HOLLAND, CALVIN	
STREET ADDRESS	56 WHATLEY AVENUE		4.3 STREET ADDRESS	9232 ALBION ST.	
CITY-ST-ZIP	BETHPAGE IL		4.4 CITY-ST-ZIP	THORNTON, CO 80229	
TITLE	D	☐ DELETE	5.1 TITLE	TD	☐ Change ☒ Addition
NAME	KEELAN, KAREN		5.2 NAME	KEELAN, KAREN	
STREET ADDRESS	LATHROP ROAD		5.3 STREET ADDRESS	137 LATHROP ROAD	
CITY-ST-ZIP	PLAINFIELD CT		5.4 CITY-ST-ZIP	PLAINFIELD, CT 06374	
TITLE	AST	☒ DELETE	6.1 TITLE	AST	☒ Change ☐ Addition
NAME	WINTERS, PATRICK E.		6.2 NAME	GUCCIONE, GARY	
STREET ADDRESS	1065 NE 125TH ST., STE 219		6.3 STREET ADDRESS	729 OLD HIGHWAY 40	
CITY-ST-ZIP	NORTH MIAMI FL		6.4 CITY-ST-ZIP	ABILENE, KS 67410	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gary Guccione GARY GUCCIONE / 4-15-96 / 913-263-4660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #