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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N19998 (6)

1. Corporation Name
AMERICAN GREYHOUND COUNCIL, INC.

Principal Place of Business	Mailing Address
1000 JOHN ROGERS DRIVE BIRMINGHAM AL 35210	1065 NE 125TH ST. STE 219 NORTH MIAMI FL 33161-5848 US

3. Date Incorporated or Qualified: 04/06/1987
3a. Date of Last Report: 04/26/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

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

9. Name and Address of Current Registered Agent

PURNELL, HAROLD F.X.
215 S. MONROE ST.
#420
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (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		☐ Change ☐ Addition
NAME	ANDERSON, GERALD		1.2 NAME		
STREET ADDRESS	3413 CANYON ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LUBBOCK TX 79403		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ALLEN, JANET		2.2 NAME		
STREET ADDRESS	12114 VICTORIA		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHANDLER AZ 85249		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LUCIANO, DANIEL		3.2 NAME		
STREET ADDRESS	3801 E. WASHINGTON ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	PHOENIX AZ 85034		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CALVIN, HOLLAND		4.2 NAME		
STREET ADDRESS	9232 ALBION ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	THORNTON CO 80229		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KEELAN, KAREN		5.2 NAME		
STREET ADDRESS	137 LATHROP ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	PLAINFIELD CT 06374		5.4 CITY-ST-ZIP		
TITLE	AST	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GUCCIONE, GARY		6.2 NAME		
STREET ADDRESS	729 OLD HWY 40		6.3 STREET ADDRESS		
CITY-ST-ZIP	ABILENE KS 67410		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 6/24/97

CR2E037 (9/96)