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Jan 22 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

DOCUMENT # **N42106** (7)

1. Corporation Name

**GREYHOUND RESCUE OF TALLAHASSEE, INC.**



Principal Place of Business

Mailing Address

P.O. BOX 13314  
TALLAHASSEE FL 32317

P.O. BOX 13314  
TALLAHASSEE FL 32317-3314

3. Date Incorporated or Qualified  
**02/15/1991**

3a. Date of Last Report  
**02/05/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

**CRAWFORD, KATHERINE LEE**  
**11049 PENNEWAW TRACE**  
**TALLAHASSEE FL 32311**

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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **DP**  
STREET ADDRESS **GOLSON, CYNTHIA**  
CITY-ST-ZIP **2051 ANGUS STREET**  
**TALLAHASSEE FL**

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **DV**  
STREET ADDRESS **BRINK, BECKY**  
CITY-ST-ZIP **251 SEA WOLF CT**  
**TALLAHASSEE FL**

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **ST**  
STREET ADDRESS **CRAWFORD, KATHERINE LEE**  
CITY-ST-ZIP **11049 PENNEWAW TRACE**  
**TALLAHASSEE FL**

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☒ Change ☐ Addition

NAME **D**  
STREET ADDRESS **CRAWFORD, PATTI CYNTHIA**  
CITY-ST-ZIP **6103 BUCK LAKE RD**  
**TALLAHASSEE FL**

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

**1804 QUINCE DR.**  
**TALLAHASSEE, FL**

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
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:

*Katherine Lee Crawford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0008748

**1/8 / 97 904-878-1204**

CR2E037 (9/96)