

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N92000000833 (5)

1. Corporation Name

ADOPT-A-GREYHOUND OF CENTRAL FLORIDA, INC.



Principal Place of Business

Mailing Address

**2000 SEMINOLA BLVD
CASSELBERRY FL 32707
US**

**2000 SEMINOLA BLVD
CASSELBERRY FL 32707
US**

3. Date Incorporated or Qualified
12/17/1992

3a. Date of Last Report
08/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3153832

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

City & State

City & State

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, KELLY T
2000 SEMINOLA BLVD
CASSELBERRY FL 32707**

81 Name

Brian Smith

82 Street Address (P.O. Box Number is Not Acceptable)

1208 Denton Rd.

83

City

W

84

City

Winter Park

FL

85 Zip Code

32792

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]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-4-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DVS	<input type="checkbox"/> DELETE
NAME	SMITH, BRIAN	
STREET ADDRESS	1208 DENTON RD	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, KELLY	
STREET ADDRESS	1208 DENTON ROAD	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KLEIN, RICHARD A DVM	
STREET ADDRESS	471 LANTERNBACK ISL DR	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAWN DRENGUBA	
STREET ADDRESS	580 S BREVARD AVENUE #834	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WORTH, DON	
STREET ADDRESS	1893 TRIMBLE RD.	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DRENGUBA, DAWN	
STREET ADDRESS	580 S. BREVARD AVE. #834	
CITY-ST-ZIP	COCOA BEACH FL 32931	

11 TITLE	Director, President, Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Brian Smith	
13 STREET ADDRESS	1208 Denton Rd	
14 CITY-ST-ZIP	Winter Park, FL 32792	
21 TITLE	Director, Vice President, Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Kelly Smith	
23 STREET ADDRESS	1208 Denton Rd	
24 CITY-ST-ZIP	Winter Park, FL 32792	
31 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Don Worth	
33 STREET ADDRESS	1893 Trimble Rd	
34 CITY-ST-ZIP	Melbourne, FL 32934	
41 TITLE	Director, V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	James W. Paul	
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	Director, Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Jerome Fontenot D.V.M.	
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-96

Date

Daytime Phone #

CR2E037 (12/95)