

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 # N94000001722 (7)

1. Corporation Name

NEW BEGINNINGS GREYHOUND ADOPTION, INC.

Principal Place of Business

4450 SW 93RD AVE.
DAVIE FL 33328

Mailing Address

4450 SW 93RD AVE.
DAVIE FL 33328



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/07/1994

3a. Date of Last Report

12/21/1995

4. FEI Number

65-0402357

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

HELLER & BARNETT CORPORATE SERVICES
1133 S. UNIVERSITY DRIVE
STE. 202
PLANTATION FL 33324

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DP

RASKIN, DEBRA J

4450 SW 93RD AVE.

DAVIE FL 33328

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DVP

DAVISSON, JO

4191 SW 6TH PLACE

PLANTATION FL 33317

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD

BENASHSKY, MAUREEN

5733 SW 26TH STREET

WEST HOLLYWOOD FL 33023

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

HEINTZ, JOAN

11480 S.W. 22ND COURT

DAVIE FL 33325

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

HEINTZ, STEVEN

11480 S.W. 22ND COURT

DAVIE FL 33325

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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:

DEBRA RASKIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/96 954-370-6556

CR2E037 (12/95)