

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

~~4450 SW 93RD AVE.
DAVIE FL 33328~~~~4450 SW 93RD AVE.
DAVIE FL 33328-2412~~

3. Date Incorporated or Qualified

04/07/1994

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 **4400 SW 95 AVENUE**26 **4400 SW 95 AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **DAVIE, FL**28 **DAVIE, FL**

Zip

Country

Zip

Country

24 **33328-2412**

25

29 **33328-2412**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 **DP** ☒ DELETE
NAME **RASKIN, DEBRA J**
STREET ADDRESS **4450 SW 93RD AVE.**
CITY-ST-ZIP **DAVIE FL 33328**1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **RASKIN, DEBRA J**
1.3 STREET ADDRESS **4400 SW 95 AVENUE**
1.4 CITY-ST-ZIP **DAVIE, FL 33328-2420**TITLE **DVP** ☐ DELETE
NAME **DAVISSON, JO**
STREET ADDRESS **4191 SW 6TH PLACE**
CITY-ST-ZIP **PLANTATION FL 33317**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE **SD** ☐ DELETE
NAME **BENASHSKY, MAUREEN**
STREET ADDRESS **5733 SW 26TH STREET**
CITY-ST-ZIP **WEST HOLLYWOOD FL 33023**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0037479

CR2E037 (9/96)