


FILE NOW: FILING FEE IS \$61.25

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Apr 17 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N96000002520 (2)

1. Corporation Name

ADOPT A FLORIDA GREYHOUND OF ST. LUCIE COUNTY, I NC.



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| Principal Place of Business 489 SOUTHWEST COLLEGE PARK ROAD PORT ST. LUCIE FL 34953 | Mailing Address 489 SOUTHWEST COLLEGE PARK ROAD PORT ST. LUCIE FL 34953-6224 |
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|---|--------------------------------|
| 3. Date Incorporated or Qualified 05/08/1996 | 3a. Date of Last Report N/A |
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|--|--|--|---|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 6500 SW 42ND ST 22 City & State PALM CITY FL 23 Zip 34990 24 Country USA | 2a. Mailing Address 26 Suite, Apt. #, etc. 6500 SW 42ND ST. 27 City & State PALM CITY FL 28 Zip 34990 29 Country USA | 4. FEI Number 65-070734/ Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|--|--|---|---|--|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POWERS, LINNEA D
489 SOUTHWEST COLLEGE PARK ROAD
PORT ST. LUCIE FL 34953

| | | | | |
|-------------------------------------|--|----|----------------------|----------------------|
| 81 Name LINNEA D. BECKMAN POWERS | 82 Street Address (P.O. Box Number is Not Acceptable) 6500 SW 42ND STREET | 83 | 84 City PALM CITY | 85 Zip Code 34990 |
|-------------------------------------|--|----|----------------------|----------------------|

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 LINNEA D. BECKMAN POWERS *Linnea D Beckman Powers* 4-9-97
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 NAME STREET ADDRESS CITY - ST - ZIP | D POWERS, LINNEA D 489 SOUTHWEST COLLEGE PARK ROAD PORT ST. LUCIE FL 34953 <input checked="" type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | D PT LINNEA D BECKMAN POWERS 6500 SW 42ND ST PALM CITY FL 34990 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D POWERS, KEVIN L 489 SOUTHWEST COLLEGE PARK ROAD PORT ST. LUCIE FL 34953 <input checked="" type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | D VS JOANNE GAMBA 6500 SW 42ND ST PALM CITY FL 34990 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SUMMERS, KENNETH 160 SOUTHWEST MAJESTIC TERRACE PORT ST. LUCIE FL 34984 <input checked="" type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | D JANE TURMAIL 5623 OLEANDER FT. PIERCE FL 34982 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D WEISS, LINDA A.B. 471 INDIGO AVENUE WELLINGTON FL 33414 <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | D SUSIE GRIEN 2765 SE COVER ROAD PO BOX 1157 PORT SALERNO FL 34992 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 *Linnea D Beckman Powers* LINNEA D BECKMAN POWERS 4-9-97 561-287-1088
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0071067

CR2E037 (9/96)