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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortharp Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002520 (2)**

1. Corporation Name

ADOPT A FLORIDA GREYHOUND OF ST. LUCIE COUNTY, INC.

Principal Place of Business

Mailing Address

**6500 SW 42 ST
PALM CITY FL 34990
US**

**6500 SW 42 ST
PALM CITY FL 34990
US**



3. Date Incorporated or Qualified

05/08/1996

4. FEI Number

65-0707341

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

NA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POWERS, LINNEA D
6500 SW 42 ST
PALM CITY FL 34990**

81 Name **LINNEA D. BECKMAN**

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

6500 S.W. 42ND ST

83

84 City **PALM CITY**

FL

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 President

3-24-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE **DPT** ☐ DELETE

NAME **POWERS, LINNEA D**

STREET ADDRESS **6500 SW 42 ST**

CITY-ST-ZIP **PALM CITY FL**

13. TITLE **DPT** ☒ Change ☐ Addition

NAME **GAMBA, JOANNE**

STREET ADDRESS **6500 SW 42 ST**

CITY-ST-ZIP **PALM CITY FL**

14. TITLE **D** ☐ DELETE

NAME **TURMIL, JANE**

STREET ADDRESS **5623 OLEANDER**

CITY-ST-ZIP **FT PIERCE FL**

15. TITLE **D** ☒ DELETE

NAME **WEISS, LINDA A.B.**

STREET ADDRESS **471 INDIGO AVENUE**

CITY-ST-ZIP **WELLINGTON FL 33414**

16. TITLE **D** ☒ DELETE

NAME **GRIEN, SUSIE**

STREET ADDRESS **2780 SE COVE RD PO BOX 1157**

CITY-ST-ZIP **PORT SALERNO FL**

17. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

18. TITLE

2 NAME

3 STREET ADDRESS

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

14. I 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 President

3-9-98

561-597-3705

CR2E037 (10/97)