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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002520

1. Corporation Name

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

Principal Place of Business

6500 SW 42 ST
PALM CITY FL 34990
US

Mailing Address

6500 SW 42 ST
PALM CITY FL 34990
US



2. Principal Place of Business

21 **3333 SW 66th AVE**

Suite, Apt. #, etc.

22 City & State

23 **PALM CITY FL**

Zip

24 **34990**

Country

25 **USA**

2a. Mailing Address

26 **PO BOX 1833**

Suite, Apt. #, etc.

27 City & State

28 **PALM CITY FL**

Zip

29 **34991**

Country

30 **USA**

3. Date Incorporated or Qualified

05/08/1996

4. FEI Number

65-0707341-

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

LINNEA D. BECKMAN

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

3333 SW 66th AVE

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

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 **DPT** ☒ DELETE
NAME **BECKMAN, LINNEA D.**
STREET ADDRESS **6500 SW 42ND ST**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **DVS** ☒ DELETE
NAME **GAMBA, JOANNE**
STREET ADDRESS **6500 SW 42 ST**
CITY-ST-ZIP **PALM CITY FL**

TITLE **D** ☐ DELETE
NAME **TURMAIL, JANE**
STREET ADDRESS **5623 OLEANDER**
CITY-ST-ZIP **FT PIERCE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DPT** ☒ Change ☐ Addition
1.2 NAME **LINNEA D. BECKMAN**
1.3 STREET ADDRESS **3333 SW 66th AVE, PALM CITY FL 34990**
1.4 CITY-ST-ZIP **PALM CITY FL 34991**

2.1 TITLE **DVS** ☒ Change ☐ Addition
2.2 NAME **VALERIE RHOADES**
2.3 STREET ADDRESS **3333 SW 66 AVE PALM CITY FL 34990**
2.4 CITY-ST-ZIP **PALM CITY FL 34991**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE: *Linnea D. Beckman* **SIGNATURE REQUIRED LINNEA D. BECKMAN 3-1-99 561-349-3647**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1198)