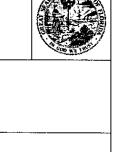
## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## DOCUMENT # N96000002520

1. Entity Name

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

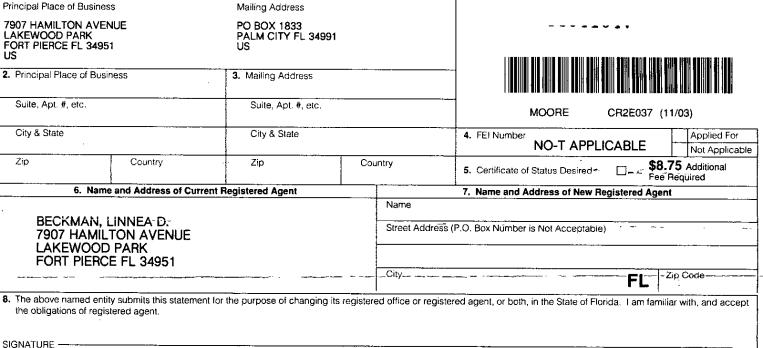
FILE NOW: FEE IS \$61.25



## Apr 30, 2004 8:00 am Secretary of State

04-30-2004 90400 004 \*\*\*\*61.25

DATE



(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004		<ol><li>Election Campaign Financing Trust Fund Contribution.</li></ol>		\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State		
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
STREET ADDRESS	DPT BECKMAN, LINNEA D 7907 HAMILTON AVENUE FORT PIERCE FL 34951	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	DVS SOPUCH, VALERIE 1155 S.W. ASTORWOOD PLACE STUART FL 34994	□ Delete	TITLE D/V/S NAME STREET ADDRESS CITY-ST-ZIP	Beverlee Lef 774 SE ESSEX PORT SAINT LUCIB,	DR.	Change	Addition
DITTEL FILED	D STRANG, RICHARD 7404 GEORGES RD:	☐ Delete	TITLE NAME * STREET ADDRESS* CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			Change	☐ Addition .

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sinneal Beckman-LINNEAD BECKMAN D/P/T TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #