

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000002520

1. Entity Name

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



Principal Place of Business

7907 HAMILTON AVENUE
LAKEWOOD PARK
FORT PIERCE FL 34951
US

Mailing Address

PO BOX 1833
PALM CITY FL 34991
US

2. Principal Place of Business

3. Mailing Address

7907 HAMILTON AVE.
Suite, Apt. #, etc. LAKEWOOD
~~PIERCE~~ PARK
City & State
FT. PIERCE, FL

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country UNITED

34951

STATES OF AMERICA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKMAN, LINNEA D.
7907 HAMILTON AVENUE
LAKEWOOD PARK
FORT PIERCE FL 34951

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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

TITLE DPT
NAME BECKMAN, LINNEA D
STREET ADDRESS 7907 HAMILTON AVENUE
CITY-ST-ZIP FORT PIERCE FL 34951 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000000566462
06/01/06-80001-005 61.25

TITLE DVS
NAME LEFRANCOIS, BEVERLEE
STREET ADDRESS 774 SE ESSEX DRIVE
CITY-ST-ZIP PORT SAINT LUCIE FL 34984 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME STRANG, RICHARD
STREET ADDRESS 7404 GEORGES RD.
CITY-ST-ZIP FORT PIERCE FL 34951 ☐ 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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Linnea D. Beckman LINNEA D. BECKMAN

(772)
5-26-06 #564-2878