

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 28, 2007
Secretary of State

DOCUMENT# N96000002520

Entity Name: ADOPT A FLORIDA GREYHOUND OF ST. LUCIE COUNTY, INC.**Current Principal Place of Business:**7907 HAMILTON AVENUE
LAKEWOOD PARK
FORT PIERCE, FL 34951 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 1833
PALM CITY, FL 34991 US**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BECKMAN, LINNEA D.
7907 HAMILTON AVENUE
LAKEWOOD PARK
FORT PIERCE, FL 34951 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DPT () Delete
Name: BECKMAN, LINNEA D
Address: 7907 HAMILTON AVENUE
City-St-Zip: FORT PIERCE, FL 34951**Title:** DVS () Delete
Name: LEFRANCOIS, BEVERLEE
Address: 774 SE ESSEX DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34984**Title:** D () Delete
Name: STRANG, RICHARD
Address: 7404 GEORGES RD.
City-St-Zip: FORT PIERCE, FL 34951**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINNEA D. BECKMAN

DPT

04/28/2007

Electronic Signature of Signing Officer or Director

Date