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Mar 03, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000000962

1. Corporation Name

PENSACOLA GREYHOUND ASSOCIATION, INC.

Principal Place of Business
10307 TANTON RD
PENSACOLA FL 32506-9584

Mailing Address
10307 TANTON RD
PENSACOLA FL 32506-9584



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 02/17/1997	4. FEI Number 59-3421513	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent ETHEREDGE, WINSTON R 10307 TANTON RD PENSACOLA FL 32506-9584	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINSTON R ETHEREDGE	1.2 NAME	
STREET ADDRESS	10307 TORNTOU RD	1.3 STREET ADDRESS	10307 TANTON RD
CITY-ST-ZIP	PENSACOLA FL 32506	1.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARA LOREZO	2.2 NAME	SAVA VAVAZO
STREET ADDRESS	8346 TABAID LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32506	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ED BATES	3.2 NAME	
STREET ADDRESS	P O BOX 4364 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32507	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENDA SEALY	4.2 NAME	
STREET ADDRESS	9725 W HWY 98 #13	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32506	4.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANNY VILES	5.2 NAME	DUPS
STREET ADDRESS	32424 BARTEL ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	ELBERTA AL 36530	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99

850-453-3179
Daytime Phone #

CR2E037 (11/98)