

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

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90012 017 ****61.25

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1. Entity Name

GREYHOUND ADOPTION LEAGUE S/F, INC.



Principal Place of Business

4128 HIBISCUS CIRCLE
WEST PALM BEACH FL 33409

Mailing Address

P.O. BOX 221984
W. PALM BEACH FL 33422

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0825239

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DYSON, DIANNE
6970 LAKESIDE ROAD
W. PALM BEACH FL 33411

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

Dianne Dyson

DIANNE DYSON

2-27-04

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, 2004

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

TITLE	S	<input type="checkbox"/> Delete
NAME	MACCHIA, MARY K	
STREET ADDRESS	10907 HOBART ST	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STEPHENSON, PAM	
STREET ADDRESS	4062 GREENWOOD DRIVE	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DYSON, DIANNE	
STREET ADDRESS	6970 LAKESIDE ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	D	<input type="checkbox"/> Delete
NAME	DYSON, JERRY	
STREET ADDRESS	6970 LAKESIDE ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BORCHERT, ALICE	
STREET ADDRESS	4128 HIBISCUS CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	P	<input type="checkbox"/> Delete
NAME	BORCHERT, RAYMOND	
STREET ADDRESS	4128 HIBISCUS CIR	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEL WALKER	
STREET ADDRESS	5315 BUCHANAN DR.	
CITY-ST-ZIP	FT. PIERCE, FL 34982	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSE WALKER	
STREET ADDRESS	5315 BUCHANAN DR	
CITY-ST-ZIP	FT. PIERCE, FL 34982	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Dianne Dyson* TREASURER *DIANNE DYSON* 2/27/04 (561) 317-2941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #