


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2005 08:00 AM
Secretary of State**

DOCUMENT # N98000003064		
1. Entity Name EMERALD COAST GREYHOUND ADOPTION PROGRAM, INC.		
Principal Place of Business 1010 FLEMING DRIVE PENSACOLA, FL 32514		Mailing Address P O BOX 30426 PENSACOLA, FL 32503-1426
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DOMBROWSKI, SUSAN 1010 FLEMING DRIVE PENSACOLA, FL 32514		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, types or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MANN, LYNN 10392 OLD DAIRY LANE PENSACOLA, FL 32514	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOMBROWSKI, SUSAN 1010 FLEMING DRIVE PENSACOLA, FL 32514	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOLLENS, ANN 3720 BARKWOOD LANE CANTONMENT, FL 32533	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MC MILLAN, CONSTANCE 8807 BURNING TREE PENSACOLA, FL 32514	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLASS-ORGAN, LORI 10410 PINE HILL TERRACE PENSACOLA, FL 32514	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICOZ, PAT 12 MILTON ROAD PENSACOLA, FL 32507	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: <u>Susan Dombrowski</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3520303	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000200279
01/28/05-80020-023 61.25

**DO NOT WRITE
IN THIS SPACE**

1/24/05 850 937-0879
Date Daytime Phone #

SUSAN DOMBROWSKI