


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000003064</b> 1. Entity Name <b>EMERALD COAST GREYHOUND ADOPTION PROGRAM, INC.</b>	
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Principal Place of Business <b>1010 FLEMING DRIVE PENSACOLA, FL 32514</b>	Mailing Address <b>PO BOX 64 GONZALEZ, FL 32560</b>
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01082007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renaming) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MANN, LYNN 10382 OLD DAIRY LANE PENSACOLA, FL 32514</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DOMBROWSKI, SUSAN 1010 FLEMING DRIVE PENSACOLA, FL 32514</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BOLLENS, ANN 3720 BARKWOOD LANE CANTONMENT, FL 32533</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MC MILLAN, CONSTANCE 8807 BURNING TREE PENSACOLA, FL 32514</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DOUGLASS-ORGAN, LORI 10410 PINE HILL TERRACE PENSACOLA, FL 32514</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RICHQZ, PAT 12 MILTON ROAD PENSACOLA, FL 32507</b>

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01/18/07-80067-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Susan Dombrowski 1-13-07 (850) 937-0879  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SUSAN DOMBROWSKI