

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003064

FILED
Jan 29, 2008
Secretary of State

Entity Name: EMERALD COAST GREYHOUND ADOPTION PROGRAM, INC.

Current Principal Place of Business:

1010 FLEMING DRIVE
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

PO BOX 64
GONZALEZ, FL 32560

New Mailing Address:

FEI Number: 59-3520303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOMBROWSKI, SUSAN
1010 FLEMING DRIVE
PENSACOLA, FL 32514 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: S () Delete
Name: MANN, LYNN
Address: 10392 OLD DAIRY LANE
City-St-Zip: PENSACOLA, FL 32514

Title: T () Delete
Name: DOMBROWSKI, SUSAN
Address: 1010 FLEMING DRIVE
City-St-Zip: PENSACOLA, FL 32514

Title: P () Delete
Name: BOLLENS, ANN
Address: 3720 BARKWOOD LANE
City-St-Zip: CANTONMENT, FL 32533

Title: V () Delete
Name: MC MILLAN, CONSTANCE
Address: 8807 BURNING TREE
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: DOUGLASS-ORGAN, LORI
Address: 10410 PINE HILL TERRACE
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: RICHOS, PAT
Address: 12 MILTON ROAD
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: MANN, LYNN
Address: 10392 OLD DAIRY LANE
City-St-Zip: PENSACOLA, FL 32514

Title: S (X) Change () Addition
Name: DOMBROWSKI, SUSAN
Address: 1010 FLEMING DRIVE
City-St-Zip: PENSACOLA, FL 32514

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SUSAN DOMBROWSKI

S

01/29/2008

Electronic Signature of Signing Officer or Director

Date