

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003868

FILED
Mar 24, 2009
Secretary of State

Entity Name: GREYHOUND PETS OF AMERICA, FL S.E. COAST CHAPTER, INC.

Current Principal Place of Business:

7047 BELVEDERE RD
WEST PALM BEACH, FL 33411 US

New Principal Place of Business:

Current Mailing Address:

178 PAR DRIVE
ROYAL PALM BEACH, FL 33411 US

New Mailing Address:

FEI Number: 65-0125572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASI, BARBARA MS.
26 SE 1ST AVENUE
BOYNTON BEACH, FL 33435 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: PD () Delete
Name: MASI, BARBARA MS.
Address: 226 S.E. 1ST AVENUE
City-St-Zip: BOYNTON BEACH, FL 334354514 US

Title: DIR () Delete
Name: VERDIGI, CAROL MS.
Address: 925 WHIPPORWILL ISLE SOUTH
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: TD () Delete
Name: BLOESER, LIZ MS.
Address: 178 PAR DRIVE
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: SD (X) Delete
Name: CONOVER, SHERRY MS.
Address: 2004 TIMBERLAKE CIRCLE
City-St-Zip: GREENACRES, FL 33463 US

Title: VPD () Delete
Name: MACE, TAMSE MR.
Address: 8680 E. ECONDITO WAY
City-St-Zip: BOCA RATON, FL 334332509 US

Title: D () Delete
Name: CLARK, MARILYNN MS.
Address: 770 LORI DRIVE #246
City-St-Zip: PALM SPRINGS, FL 33461 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
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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: MACE TAMSE

VP

03/24/2009

Electronic Signature of Signing Officer or Director

Date