2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# N98000005426

Entity Name: CENTRAL FLORIDA GREYHOUND ASSOCIATION, INC.

Current Principal Place of Business:

2990 LAKE WOODWARD DRIVE
EUSTIS, FL 32726

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 520238
LONGWOOD, FL 32752

New Mailing Address:

FEI Number: 59-3535407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONNELL, ROD
2990 LAKE WOODWARD DRIVE
EUSTIS, FL 32726 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: CONNELL, ROD
Address: 2990 LAKE WOODWARD DRIVE
City-St-Zip: EUSTIS, FL 32726

Title: VPD ( ) Delete
Name: ARMSTRONG, BLANE
Address: 733 EAST CHURCH AVE
City-St-Zip: LONGWOOD, FL 32750

Title: TD ( ) Delete
Name: SLOVICK, KEN
Address: 239 RIDGE ROAD
City-St-Zip: LAKE MARY, FL 32746

Title: SD ( ) Delete
Name: HARRISON, CHERYL
Address: 608 WILDFLOWER COURT
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SD (X) Change ( ) Addition
Name: LACASSE, KATHY
Address: 1491 SUNSHADOW DR. #105
City-St-Zip: CASSELBERRY, FL 32707

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: BLANE ARMSTONG VPD 04/26/2007
Electronic Signature of Signing Officer or Director — Date