


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90060 033 ****70.00

DOCUMENT # N99000004502					
1. Entity Name HOMEWARD BOUND GREYHOUNDS, INC.					
Principal Place of Business 6017 PINE RIDGE RD., #261 NAPLES, FL 34119-3956			Mailing Address 6017 PINE RIDGE RD., #261 NAPLES, FL 34119-3956		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02282007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3589324				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FARRELL, JOANNE 6017 PINE RIDGE RD., #261 NAPLES, FL 34119-3956			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME FARRELL, JOANNE		TITLE D	NAME d'Arcy, Renee	
STREET ADDRESS 191 23RD ST. SW	STREET ADDRESS 191 23RD STREET SW		STREET ADDRESS 1110 Mingo Road	STREET ADDRESS 1110 Mingo Road	
CITY-ST-ZIP NAPLES, FL 34117	CITY-ST-ZIP NAPLES, FL 34117		CITY-ST-ZIP NAPLES, FL 34119	CITY-ST-ZIP NAPLES, FL 34119	
TITLE TD	NAME FARRELL, GEORGE		TITLE D	NAME Davis, Jeffrey M.	
STREET ADDRESS 191 23RD STREET SW	STREET ADDRESS 191 23RD STREET SW		STREET ADDRESS 5023 SW 9th Place	STREET ADDRESS 5023 SW 9th Place	
CITY-ST-ZIP NAPLES, FL 34117	CITY-ST-ZIP NAPLES, FL 34117		CITY-ST-ZIP CAPE CORAL, FL 33914	CITY-ST-ZIP CAPE CORAL, FL 33914	
TITLE D	NAME ROSENBERG, DAVID		TITLE D	NAME Galaz-Davis, Nadine	
STREET ADDRESS 7347 BIRDS EYE TERRACE	STREET ADDRESS 7347 BIRDS EYE TERRACE		STREET ADDRESS 5023 SW 9th Place	STREET ADDRESS 5023 SW 9th Place	
CITY-ST-ZIP BRADENTON, FL 34203	CITY-ST-ZIP BRADENTON, FL 34203		CITY-ST-ZIP CAPE CORAL, FL 33914	CITY-ST-ZIP CAPE CORAL, FL 33914	
TITLE D	NAME MARTIN, DEB		TITLE D	NAME Martin, Deborah	
STREET ADDRESS 4407 6TH STREET WEST	STREET ADDRESS 4407 6TH STREET WEST		STREET ADDRESS 144 Pettigrew Road	STREET ADDRESS 144 Pettigrew Road	
CITY-ST-ZIP LEHIGH ACRES, FL 33971	CITY-ST-ZIP LEHIGH ACRES, FL 33971		CITY-ST-ZIP Starr, SC 29684	CITY-ST-ZIP Starr, SC 29684	
TITLE 	NAME 		TITLE D	NAME Lewis, Richard	
STREET ADDRESS 	STREET ADDRESS 		STREET ADDRESS 1110 Mingo Road	STREET ADDRESS 1110 Mingo Road	
CITY-ST-ZIP 	CITY-ST-ZIP 		CITY-ST-ZIP NAPLES, FL 34119	CITY-ST-ZIP NAPLES, FL 34119	
TITLE D	NAME Lynn, Gail		TITLE D	NAME Libby, Elizabeth	
STREET ADDRESS 923 SE 19th Street	STREET ADDRESS 923 SE 19th Street		STREET ADDRESS 24422 Tangelo Avenue	STREET ADDRESS 24422 Tangelo Avenue	
CITY-ST-ZIP CAPE CORAL, FL 33990	CITY-ST-ZIP CAPE CORAL, FL 33990		CITY-ST-ZIP PORT CHARLOTTE, FL 33948	CITY-ST-ZIP PORT CHARLOTTE, FL 33948	
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: <i>Joanne Farrell</i>			Joanne Farrell, President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
(239) 353-7335			Daytime Phone #		