

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004502

FILED
Apr 24, 2008
Secretary of State

Entity Name: HOMEWARD BOUND GREYHOUNDS, INC.

Current Principal Place of Business:

6017 PINE RIDGE RD., #261
NAPLES, FL 341193956

New Principal Place of Business:

Current Mailing Address:

6017 PINE RIDGE RD., #261
NAPLES, FL 341193956

New Mailing Address:

FEI Number: 59-3589324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARRELL, JOANNE
6017 PINE RIDGE RD., #261
NAPLES, FL 341193956 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: FARRELL, JOANNE
Address: 191 23RD ST. SW
City-St-Zip: NAPLES, FL 34117

Title: TD () Delete
Name: FARRELL, GEORGE
Address: 191 23RD STREET SW
City-St-Zip: NAPLES, FL 34117

Title: D () Delete
Name: ROSENBERG, DAVID
Address: 7347 BIRDS EYE TERRACE
City-St-Zip: BRADENTON, FL 34203

Title: D () Delete
Name: MARTIN, DEB
Address: 144 PETTIGREW RD
City-St-Zip: STARR, SC 29684

Title: D () Delete
Name: LEWIS, RICHARD
Address: 1110 MINGO RD
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: LIBBY, ELIZABETH
Address: 24422 TANGELO AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

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: () 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: JOANNE FARRELL

PRES

04/24/2008

Electronic Signature of Signing Officer or Director

Date