

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 31, 2009
Secretary of State

DOCUMENT# N99000004502

Entity Name: HOMEWARD BOUND GREYHOUNDS, INC.**Current Principal Place of Business:**6017 PINE RIDGE ROAD
#261
NAPLES, FL 341193956**New Principal Place of Business:****Current Mailing Address:**6017 PINE RIDGE ROAD
#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 ROAD
#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 STREET 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 H
Address: 7347 BIRD'S EYE TERRACE
City-St-Zip: BRADENTON, FL 34203**Title:** D () Delete
Name: EBERT, GAIL
Address: 923 SE 19TH STREET
City-St-Zip: CAPE CORAL, FL 33990**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 AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33980**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:** D (X) Change () Addition
Name: DAVIS, JEFFREY M
Address: 5023 SW 9TH PLACE
City-St-Zip: CAPE CORAL, FL 33914**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

PD

05/31/2009

Electronic Signature of Signing Officer or Director

Date