


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90011 036 ****61.25

DOCUMENT # N02000007751					
1. Entity Name G.R.E.A.T. RESCUE OF NE FLORIDA INC.					
Principal Place of Business 2424 HAWKCREST DR E JACKSONVILLE, FL 32259			Mailing Address 2424 HAWKCREST DR E JACKSONVILLE, FL 32259		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BROWN, JUDITH A 2424 HAWKCREST DR E JACKSONVILLE, FL 32259				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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	DPS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JUDITH A			NAME	
STREET ADDRESS	2424 HAWKCREST DR E			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32259			CITY-ST-ZIP	
TITLE	DVT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, REED E			NAME	
STREET ADDRESS	2424 HAWKCREST DR E			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32259			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, CRAIG A			NAME	
STREET ADDRESS	1800 THE GREENS WAY #709			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	D SHERI SCARBOROUGH
STREET ADDRESS				STREET ADDRESS	8664 ROLLING BROOK LANE
CITY-ST-ZIP				CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>JUDITH A. BROWN</u>				Date: <u>3/3/04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: <u>904-287-0712</u>	

44015415
 % D , 331 - D &

01092004 Chg-NP CR2E037 (10/03)

4. FEI Number 56-2299671 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required