


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90067 044 ****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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, CRAIG A		NAME	199 LAPASADA CIRCLE E.	
STREET ADDRESS	1800 THE GREENS WAY #709		STREET ADDRESS	PONTE VEDRA BCH, FL 32082	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCARBOROUGH, SHERI		NAME		
STREET ADDRESS	8664 ROLLING BROOK LANE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		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		
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> <i>Judith A Brown 3/1/05 904-287-0712</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	<small>Daytime Phone #</small>

ATTACHMENT
20017207

Additional Directors March 1, 2005

G.R.E.A.T. RESCUE OF NE FLORIDA INC.

DOCUMENT # N02000007751

D

Kathy Kohlbeck
196 Prince Phillip Dr.
St Augustine, FL 32092

D

Mark Krenn
1858 Mandarin Estates Dr.
Jacksonville, FL 32223

D

Kathy Barbour
3138 Hodges Blvd.
Jacksonville, FL 32224