2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000002992

City-St-Zip:

OCALA, FL 34474

Entity Name: GROWING INVOLVEMENT FOR TEENS, INC.

FILED May 01, 2003 Secretary of State

Current P	rincipal Plac	e of Business:	New Prin	New Principal Place of Business:		
10561 S.W OCALA, Fl	7. 67 COURT _ 34476					
Current M	ailing Addre	ss:	New Mail	New Mailing Address:		
10561 S.W OCALA, Fl	7. 67 COURT _ 34476					
FEI Number:	65-0919429	FEI Number Applied For()	FEI Number Not App	olicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	d Address of	New Registered Agent:	
	I, ANITA DIAN 1. 40 MANOR 33328 US		10561 SW	ZANDMAN, ANITA DIANE 10561 SW 57 CT. OCALA, FL 34476 US		
SIGNATUR	Electro	nic Signature of Registered Age			05/01/2003 Date	
	S AND DIREC				S TO OFFICERS AND DIRECTO	
Title: Name:	D (ZANDMAN, MA) Delete ARC D	Title: Name:	D POWELSON	(X) Change ()Addition KATHY	
Address:	10561 S.W. 67		Address:		RBETT AVENUE	
City-St-Zip:	OCALA, FL 34		City-St-Zip:	HO,OSASSA		
Title:) Delete	Title:		() Change () Addition	
Name:	ZANDMAN, AN		Name:			
Address: City-St-Zip:	10561 S.W. 67 OCALA, FL 34		Address: City-St-Zip:			
Title:	D ()	() Delete	Title:		() Change () Addition	
Name:	HARDEN, ROE		Name:			
Address: City-St-Zip:	10561 S.W. 63 OCALA, FL 34		Address: City-St-Zip:			
Title:) Delete	Title:		()Change ()Addition	
Name:	FORREST, LY	•	Name:		() Change () Addition	
Address:	8310 SW 44 C		Address:			
City-St-Zip:	DAVIE, FL 33		City-St-Zip:			
Title:	,	() Delete	Title:		() Change () Addition	
Name:	HARDEN, TER		Name:			
Address:	580 SW 48 LN	Į.	Address:			

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: ANITA DIANE ZANDMAN D 05/01/2003