

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007751

Entity Name: G.R.E.A.T. RESCUE OF NE FLORIDA INC.

Current Principal Place of Business:

1140 LAKE PARKE DRIVE
ST. JOHNS, FL 32259

Current Mailing Address:

P.O. BOX 600878
JACKSONVILLE, FL 32260-0878 US

FEI Number: 56-2299671

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COOPER, TERRI
1140 LAKE PARKE DRIVE
ST. JOHNS, FL 32259 US

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

Officer/Director Detail :

Title VP
Name BROWN, JUDITH A
Address 2424 HAWKCREST DR E
City-State-Zip: JACKSONVILLE FL 32259

Title D
Name BROWN, REED E
Address 2424 HAWKCREST DR E
City-State-Zip: JACKSONVILLE FL 32259

Title P
Name COOPER, TERRI
Address 1140 LAKE PARKE DRIVE
City-State-Zip: ST JOHNS FL 32259

Title DIRECTOR
Name MOORE, SHANNON
Address 44 WALKERS RIDGE DRIVE
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR
Name FLUTY, ANN
Address 1144 LAKE PARKE DRIVE
City-State-Zip: ST, JOHNS FL 32259

Title DIRECTOR
Name POFF, DAWN
Address 2822 WOODSTONE DRIVE
City-State-Zip: MIDDLEBURG FL 32068

Title SECRETARY
Name KEEFE, SUE
Address 1148 LAKE PARKE DRIVE
City-State-Zip: ST. JOHNS FL 32259

Title T
Name GRADWELL, PAULA
Address 3716 BERENSTAIN DRIVE
City-State-Zip: ST. AUGUSTINE FL 32092

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: PAULA GRADWELL

TREASURER

03/15/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name BELL, KATHI
Address 4735 WAVERLY LANE
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR
Name GRADWELL, WILLIAM A
Address 3716 BERENSTAIN DRIVE
City-State-Zip: SAINT AUGUSTINE FL 32092