

**2023 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 SECRETARY  
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 T  
Name GRADWELL, PAULA  
Address 3716 BERENSTAIN DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32092

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

**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 A. GRADWELL**

**TREASURER**

**04/08/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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