

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007751

FILED
Mar 19, 2020
Secretary of State
9701450743CC

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

Current Principal Place of Business:

2424 HAWKCREST DR E
JACKSONVILLE, FL 32259

Current Mailing Address:

2424 HAWKCREST DR E
JACKSONVILLE, FL 32259

FEI Number: 56-2299671

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Title 2ND VICE PRESIDENT
Name TAYLOR, PEYTON
Address 6916 SALAMONICA DR
City-State-Zip: JACKSONVILLE FL 32217

Title 1ST VICE PRESIDENT
Name COOPER, TERRI
Address 1140 LAKE PARKE DRIVE
City-State-Zip: JACKSONVILLE 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 MONFILETTO, TINA
Address 13396 QUEEN MIST DRIVE
City-State-Zip: JACKSONVILLE FL 32258

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

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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: REED BROWN

TREASURER

03/19/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY

Name KEEFE, SUE

Address 1148 LAKE PARKE DRIVE

City-State-Zip: ST. JOHNS FL 32259