

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90002 035 ****70.00

DOCUMENT # N02000002904	
1. Entity Name GRANNY'S GANG TO SAVE GENERATION, INC.	

Principal Place of Business 6507 GREEN DOLPHIN ST. FT. PIERCE, FL 34951	Mailing Address 6507 GREEN DOLPHIN ST. FT. PIERCE, FL 34951
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DO NOT WRITE IN THIS SPACE

05302004 No Chg-NP

CR2E037 (10/03)

4. FEI Number 11-3646436	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROSS, FRAN O ESQ. 101 NORTH Highway 1 FT. PIERCE, FL 34950
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**DO NOT WRITE
IN THIS SPACE**

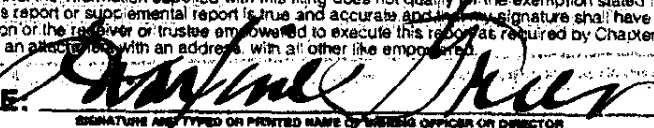
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) **DATE** _____

Filing Fee to \$91.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	NAME GREEN, MAXINE STREET ADDRESS 6507 GREEN DOLPHIN ST. CITY-ST-ZIP FT. PIERCE, FL 34951
TITLE D	NAME SCOTT, HENRY STREET ADDRESS 8531 LOGIA CIR. CITY-ST-ZIP BOYNTON BCH, FL 33437
TITLE D	NAME SCOTT, DORIS STREET ADDRESS 8531 LOGIA CIR. CITY-ST-ZIP BOYNTON BCH, FL 33437
TITLE D	NAME BELL, JULIUS STREET ADDRESS 1548 SE ROYAL GREEN CIR. CITY-ST-ZIP FORT ST. LUCIE, FL 34952
TITLE D	NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]
TITLE D	NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and 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 attached sheet with an address, with all other like empowered.	
SIGNATURE 	SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR [Blank]
Date [Blank]	Daytime Phone # [Blank]