2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State
07-23-2004 90002 035 ****70.00

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

Principal Place of Business	Mailing Address
6507 GREEN DOLPHIN ST. FT. PIERCE, FL 34951	6507 GREEN DOLPHIN ST. FT. PIERCE, FL 34951

05302004 No Chg-NP CR2E037 (10/03)

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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.
[redacted] 101 North Highway 1
FT. PIERCE, FL 34950

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

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. 1520 SE ROYAL GRN CIR
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952 AM K8952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 attachment with an address, with all other like empowered.

SIGNATURE: Maxine Green
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #