


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2006 8:00 am
Secretary of State

06-07-2006 90003 026 ****70.00

DOCUMENT # N02000002904			
1. Entity Name GRANNY'S GANG TO SAVE GENERATION, INC.			
Maxine Green 601 South 2nd Street Fort Pierce, Florida 34950		Maxine Green 601 South 2nd Street Fort Pierce, Florida 34950	
2. Principal Place of Business 601 South 2nd Street Suite, Apt. #, etc.		3. Mailing Address 601 South 2nd Street Suite, Apt. #, etc.	
City & State Fort Pierce Florida		City & State Fort Pierce Florida	
Zip 34950	Country S.L.	Zip 34950	Country S.L.
6. Name and Address of Current Registered Agent ROSS, FRANK ESQ. 7003 SHANNON DEIVE FORT PIERCE, FL 34951		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reinstating) DATE _____			
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREEN, MAXINE 601 S. 2nd ST 601 GREEN DOLPHIN ST. FT. PIERCE, FL 34950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, HENRY 8531 LOGIA CIR. BOYNTON BCH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, DORIS 8531 LOGIA CIR. BOYNTON BCH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, JULIUS 1520 SE ROYAL GAN CIR APT K202 PORT ST. LUCIE, FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Maxine Green</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>6/1/2006</u> 772-466-7425 Daytime Phone #	

40094909



05302006 Chg-NP CR2E037 (4/06)

4. FEI Number 11-3646436 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

FL

Zip Code

772-466-7425