


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90076 027 \*\*\*\*61.25

<b>DOCUMENT # N02000007751</b> 1. Entity Name <b>G.R.E.A.T. RESCUE OF NE FLORIDA INC.</b>					
Principal Place of Business <b>2424 HAWKCREST DR E JACKSONVILLE, FL 32259</b>			Mailing Address <b>2424 HAWKCREST DR E JACKSONVILLE, FL 32259</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01182006 Chg-NP CR2E037 (11/05)	
4. FEI Number <b>56-2299671</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BROWN, JUDITH A 2424 HAWKCREST DR E JACKSONVILLE, FL 32259</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS BROWN, JUDITH A 2424 HAWKCREST DR E JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT BROWN, REED E 2424 HAWKCREST DR E JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOHLBECK, KATHY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 196 PRINCE PHILLIP DR ST. AUGUSTINE, FL 32082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, CRAIG A 199 LA PASADA CIRLCE E PONTE VEDRA BEACH, FL 32082	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRENN, MARK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1858 MANDARIN ESTATES DR JACKSONVILLE, FL 32223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCARBOROUGH, SHERI 8664 ROLLING BROOK LANE JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBOUR, KATHY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3138 HODGES BLVD JACKSONVILLE, FL 32224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<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.					
<b>SIGNATURE: JUDITH A. BROWN</b> <i>Judith A Brown</i> 1/19/06 904-287-0712 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					