

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007751

FILED
Jan 21, 2009
Secretary of State

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

Current Principal Place of Business:

2424 HAWKCREST DR E
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

2424 HAWKCREST DR E
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 56-2299671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, JUDITH A
2424 HAWKCREST DR E
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BROWN, JUDITH A
Address: 2424 HAWKCREST DR E
City-St-Zip: JACKSONVILLE, FL 32259

Title: DT () Delete
Name: BROWN, REED E
Address: 2424 HAWKCREST DR E
City-St-Zip: JACKSONVILLE, FL 32259

Title: D () Delete
Name: SUSATY, VAN ABS
Address: 5260 CLUSTER OAKS CT
City-St-Zip: JACKSONVILLE, FL 32258

Title: SD () Delete
Name: SCARBOROUGH, SHERI
Address: 8664 ROLLING BROOK LANE
City-St-Zip: JACKSONVILLE, FL 32256

Title: DVP () Delete
Name: KOHLBECK, KATHY
Address: 196 PRINCE PHILLIP DR
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D () Delete
Name: BARBOUR, KATHY
Address: 3138 HODGES BLVD
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: VAN ABS, SUSAN
Address: 5260 CLUSTER OAKS CT
City-St-Zip: JACKSONVILLE, FL 32258

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KLUBA, KRISTI
Address: 2420 HAWKCREST DR E
City-St-Zip: JACKSONVILLE, FL 32259

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

SIGNATURE: JUDITH A BROWN

DP

01/21/2009

Electronic Signature of Signing Officer or Director

Date