

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N03000000541

1. Entity Name

GREATER LIVING OUTREACH REBOUND YOUTH
SERVICE, INC.



FILED
Jun 11, 2008 08:00 AM
Secretary of State



Principal Place of Business

10279 MANORVILLE DR
JACKSONVILLE FL 32221

Mailing Address

10279 MANORVILLE DR
JACKSONVILLE FL 32221

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number
02-0717557

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SIMMONS, ROOSEVELT
10279 MANORVILLE DR
JACKSONVILLE FL 32221

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

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when re-stating)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME SIMMONS, ROOSEVELT
STREET ADDRESS 10279 MANORVILLE DR
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE V ☐ Delete
NAME SIMMONS, JACQUELINE
STREET ADDRESS 10279 MANORVILLE DR
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE T ☐ Delete
NAME ADAMS, LEROY SR
STREET ADDRESS 1030 PENTON ST
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 000000952997
STREET ADDRESS 06/11/08-80004-005 70.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jacqueline Simmons-Jacqueline Simmons 6/5/08 (904) 378-0723