

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000011027

**FILED**  
**Sep 08, 2004**  
**Secretary of State****Entity Name:** GRANT OUTREACH DELIVERANCE SERVICE CENTER CORPORATION**Current Principal Place of Business:**387 FRANKLIN STREET  
OVIEDO, FL 32765**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 620957  
OVIEDO, FL 32765**New Mailing Address:**P.O. BOX 620957  
OVIEDO, FL 32762**FEI Number:** 57-1193093**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**JENERETTE, HORACE JR.  
130 ROUND LAKE COURT  
OVIEDO, FL 32765 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:** CD ( ) Delete  
**Name:** JENERETTE, HORACE JR.  
**Address:** 1130 ROUND LAKE COURT  
**City-St-Zip:** OVIEDO, FL 32765**Title:** VCD ( ) Delete  
**Name:** BRYANT, WILBERT  
**Address:** 380 DAISEY AVENUE  
**City-St-Zip:** OVIEDO, FL 32765**Title:** SD ( ) Delete  
**Name:** TURNER, GLORIA  
**Address:** 1159 JACKSON STREET  
**City-St-Zip:** OVIEDO, FL 32765**Title:** ASD ( ) Delete  
**Name:** WILLIAMS, WILLIA  
**Address:** 681 DOCTORS DRIVE  
**City-St-Zip:** OVIEDO, FL**Title:** STD ( ) Delete  
**Name:** BRANTLEY, MICHELLE  
**Address:** 477 HIDDEN MEADOW LOOP, APT. 209  
**City-St-Zip:** FERN PARK, FL 32730**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ASD (X) Change ( ) Addition  
**Name:** WILLIAMS, WILLIA  
**Address:** 681 DOCTORS DRIVE  
**City-St-Zip:** OVIEDO, FL 32765**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HORACE JENERETTE, JR.

CD

09/08/2004

Electronic Signature of Signing Officer or Director

Date