

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Sep 08, 2004
Secretary of State**

DOCUMENT# N03000011027

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 ROUNDLAKE 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 ROUNDLAKE 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