

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004047

FILED
Feb 03, 2005
Secretary of State

Entity Name: GREATER OPPORTUNITIES DEMONSTRATED CORPORATION

Current Principal Place of Business:

366 CORONA DEL MAR STREET
LAKELAND, FL 33809

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 90463
LAKELAND, FL 338040463

New Mailing Address:

FEI Number: 20-1028205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFIN-QUARY, DELL
366 CORONA DEL MAR STREET
LAKELAND, FL 33809 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: P () Delete
Name: GRIFFIN-QUARY, DELL
Address: 366 CORONA DEL MAR STREET
City-St-Zip: LAKELAND, FL 33809

Title: V () Delete
Name: ROBINSON, ERIN
Address: 5115 NORTH SOCRUM LOOP ROAD
City-St-Zip: LAKELAND, FL 33809

Title: V () Delete
Name: DAVIS, KENNETH L JR
Address: 1515 CANDYCE STREET
City-St-Zip: LAKELAND, FL 33815

Title: T () Delete
Name: THOMPSON, RAHSHEIA
Address: 1307 NORTH ALAMEDA STREET
City-St-Zip: LAKELAND, FL 33805

Title: S () Delete
Name: QUARY, COURTNEY A
Address: 366 CORONA DEL MAR STREET
City-St-Zip: LAKELAND, FL 33809

Title: H () Delete
Name: QUARY, CHRIS
Address: 1505 WEST THARPE STREET
City-St-Zip: TALLAHASSEE, FL 32303

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

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: DELL GRIFFIN QUARY

P

02/03/2005

Electronic Signature of Signing Officer or Director

Date