

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006491

FILED
Aug 30, 2007
Secretary of State

Entity Name: GRANDPARENTS RELATIVE CAREGIVERS RESPITE INTERVENTION TRANSITIONAL SERVICES INC.

Current Principal Place of Business:

847 ORANGE AVE SUITE A-2
DAYTONA BEACH, FL 32114

New Principal Place of Business:

1217 CADILLAC DR.
DAYTONA BEACH, FL 32117

Current Mailing Address:

1217 CADILLAC DR
DAYTONA BEACH, FL 32117

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MILES I, GEORGE
1217 CADILLAC DR
DAYTONA BEACH, FL 32117 US

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: PCEO () Delete
Name: MILES, NORA
Address: 1217 CADILLAC DR
City-St-Zip: DAYTONA BEACH, FL 32117

Title: S () Delete
Name: KOHN, ROSETTA
Address: 909 N STREET
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T () Delete
Name: THOMPSON, SHIRLEY J
Address: 1242 SUNSET CIRCLE
City-St-Zip: DAYTONA BEACH, FL 32117

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:

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: NORA D. MILES

CEO

08/30/2007

Electronic Signature of Signing Officer or Director

Date