## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION **ANNUAL REPORT** 1999



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9500002505

1. Corporation Name

GREAT RECOVERIES, INC.

Principal Place of	Busines
933 KENDALL DR	
TALL ALLANAPP PL	*****

Mailing Address

933 KENDALL DR TALLAHASSEE FL 32301

7100 F1100 F

99 MAR 18 PM 12: 41

SECIAL WARY OF STATE TALLAHASSEE. FLORIDA



21 Principal	lace of Business 2a. Mailing Address 26		3. Date incorporated or Qualified 05/26/1995					
Suite, Ap	il. #, etc.	Suite, Apt. #, etc.			4. FEI Number	Api	plied For	
22		27			58-2237978	<del>     </del>	t Applicable	
City & St	ate	City & State			5. Certificate of Status Desired	\$8.75 A		
Zip	Country 25	Zip	Zip Country		6. Election Campaign Financing Trust Fund Contribution	, , , , , , , , , , , , , , , , , , ,		
- <del>-1</del>	9. Name and Address of Current				10. Name and Address of New Registered	Agent		
DO7544	N PADOADA I		81					
BOZEMAN, BARBARA J 933 KENDALL DR TALLAHASSEE FL 32301				82 Street Address (P.O. Box Number is Not Acceptable)				
			83	83				
			84	City	FL	85 Zip C	ode	
office or agent. I SIGNATURE	registered agent, or both, in the State o am familiar with, and accept the obligati	f Florida. Such change was au ons of, Section 617.0503, Flori	thorized by da Statutes	the corporatio		intment as reç	gistered	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AF	NO DIRECTO	RS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE			Change	Addition	
NAME STREET ADDRES	****		12 NAME 1.3 STREET	ADORESS	700002806 03/16/990			
CITY-ST-ZIP	TALLAHASSEE FL 32301	_	1,4 CITY-S1	-ZIP	*****61.25	*****	1.25	
TITLE	VPD	☐ DELETE	2.1 TITLE			Change	Addition	
NAME	MITCHELL, MARY		2.2 NAME	İ				
STREET ADDRES	is 2130 Charter Oak Dr		23 STREET	ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL 32303		2.4 CITY-S	T-ZIP				
TITLE	2VPD	☐ DELETE	3.1 TITLE			Change	☐ Addition	
NAME	Boseman, Sabrina K		3 2 NAME	ſ				
STREET ADDRES	s 57 FORSYTH ST NW STE 1150		3.3 STREET	ADDRESS				
CITY-ST-ZIP	ATLANTA GA 30303		34. CITY-S	T-ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE	\$	DELETE	4.1 TITLE	ŀ		Change	☐ Addition	
NAME	AVENT, MARY F		4.2 NAME	J				
STREET ADDRES			4.3 STREET	ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL 32301		4.4 CITY-51	-ZIP				
TITLE	TO	DELETE	5.1 TITLE	ļ		Change	Addition	
NAME	GRIFFIN, HARRIET		5.2 NAME					
STREET ADDRES			53 STREET					
CITY-ST-ZIP	TALLAHASSEE FL 32310	□ or, eve	54 CITY-SI	-ZIP			D.D.ee	
TITLE		☐ DELETE				Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRES	s[		63 STREET					
CITY-ST-ZIP	<u> </u>		64 CITY-S1	- ZIP			- M	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 13 if changed, or on an attachment with gar-address, with all other like empowered.