

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N95000002505

1. Entity Name

GREAT RECOVERIES, INC.



Principal Place of Business

2295 PASCO STREET
TALLAHASSEE FL 32310

Mailing Address

P.O. BOX 7143
TALLAHASSEE FL 32314

2. Principal Place of Business

2295 Pasco St.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 7143

Suite, Apt. #, etc.

City & State

Tallahassee Fla.

Zip

32310

Country

Leon

City & State

Tallahassee

Zip

32310

Country

Leon

FILED
04 MAY -6 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E037 (11/03)

4. FEI Number

31-1650054

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOZEMAN, BARBARA J
2295 PASCO STREET
TALLAHASSEE FL 32310

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004.

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BOZEMAN, BARBARA J
STREET ADDRESS 233 KENDALL DR.
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

TITLE VPD
NAME MITCHELL, MARY
STREET ADDRESS 2130 CHARTER OAK DR
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE S
NAME AVENT, MARY
STREET ADDRESS 1515-63 PAUL RUSSELL RD.
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

TITLE V
NAME BOZEMAN, SABRIANA K
STREET ADDRESS 3295 LONG LAKE DR.
CITY-ST-ZIP DULTHA GA 30311 ☐ Delete

TITLE TD
NAME GRIFFIN, HARRIET
STREET ADDRESS 3194 NOTRE DAME ST
CITY-ST-ZIP TALLAHASSEE FL 32310 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800035849528
05/11/04--01019--020 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Barbara J. Bozeman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/04

Date

(850)222-4420

Daytime Phone #