

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 26 AM 9:58

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



04242006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
IN THIS SPACE**

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

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOZEMAN, BARBARA J 233 KENDALL DR. TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MITCHELL, MARY 2130 CHARTER OAK DR TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AVENT, MARY 1515-63 PAUL RUSSELL RD. TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOZEMAN, SABRIANA K 3295 LONG LAKE DR. DULTHA, GA 30311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRIFFIN, HARRIET 3194 NOTRE DAME ST TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000073402270  
05/01/06--01015--018 \*\*\$61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE: Barbara J. Bozeman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/05/06 Daytime Phone #

4/26/06