

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 A.M.
Secretary of State

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



03282007 No Chg-NP CR2E037 (4/06)

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financial 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	

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05/14/07--01008--012 **70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature 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

5/1/07
Date

Daytime Phone #

5/1/07