


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90046 029 \*\*\*\*70.00

<b>DOCUMENT # N95000002505</b>			
1. Entity Name <b>GREAT RECOVERIES, INC.</b>			
Principal Place of Business <b>2295 PASCO STREET TALLAHASSEE, FL 32310</b>		Mailing Address <b>P.O. BOX 7143 TALLAHASSEE, FL 32314</b>	
2. Principal Place of Business, No P.O. Box # <b>606 W. 4th Ave</b>		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip <b>32303</b> Country <b>LEON</b>		City & State Zip Country	
4. Name and Address of Current Registered Agent <b>BOZEMAN, BARBARA J 2295 PASCO STREET TALLAHASSEE, FL 32310</b>		7. Name and Address of New Registered Agent Name <b>Barbara J. Bozeman</b> Street Address (P.O. Box Number is Not Acceptable) <b>606 W. 4th Ave.</b> City <b>Tallahassee</b> FL Zip Code <b>32303</b>	
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 <b>Barbara J. Bozeman</b> DATE <b>4/22/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOZEMAN, BARBARA J 233 KENDALL DR. TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MITCHELL, MARY 2130 CHARTER OAK DR TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AVENT, MARY 1515-63 PAUL RUSSELL RD. TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOZEMAN, SABRIANA K 3295 LONG LAKE DR. DULUTH, GA 30311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRIFFIN, HARRIET 3194 NOTRE DAME ST TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Barbara J. Bozeman</b>		Date <b>4/22/08</b> (850) 222-4420	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

40078874



04222008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**31-1650054** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Make check payable to  
Florida Department of State