

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004887

Entity Name: THE GREAT FAMILY NETWORK, INC.

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

1800 N PALAFOX
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

1800 N PALAFOX
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 59-3377573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIXON, BETTY L
10215 GALLUWS RD.
CANTONMENT, FL 32533

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DIXON, BETTY DR
Address: 1708 ST. MARY'S BAY DRIVE
City-St-Zip: MILTON, FL 32583

Title: D () Delete
Name: BELL, HONOR
Address: 250 DALLAS STREET
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: KIRSCH, BECKY
Address: 1800 PALAFOX ST.
City-St-Zip: PENSACOLA, FL 32504

Title: P () Delete
Name: REEVES, CONNIE
Address: 3470 ROTHSCILD DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: T () Delete
Name: LISTER, DAVID
Address: 1629 KINSALE DRIVE
City-St-Zip: CANTONMENT, FL 32533

Title: S () Delete
Name: BERNARD, ANN
Address: 10531 GULF BEACH HWY
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: A (X) Change () Addition
Name: LISTER, DAVID
Address: 1629 KINSALE DRIVE
City-St-Zip: CANTONMENT, FL 32533

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID LISTER

A

04/30/2004

Electronic Signature of Signing Officer or Director

Date