

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**


FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N96000001755**

1. Corporation Name  
**GREATER DECISIONS, INC.**

Principal Place of Business  
301 TUBB STREET  
SUITE F  
OAKLAND FL 34760

Mailing Address  
P.O. BOX 365  
OAKLAND FL 34760

**FILED**  
**Jul 14, 1999 8:00 am**  
**Secretary of State**

07-14-1999 90001 046 \*\*\*\*61.25

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00



2. Principal Place of Business 21 <b>535 Cidermill Place</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>P.O. Box 950903</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>03/25/1996</b>	
22 City & State 23 <b>Lake Mary, Fl.</b>		27 City & State 28 <b>Lake Mary, Fl.</b>		4. FEI Number <b>58-1564526</b> Applied For Not Applicable	
24 <b>32746</b> 25 <b>Seminole</b>		29 <b>32795</b> 30 <b>Seminole</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
9. Name and Address of Current Registered Agent <b>HOBBS, ASHLEY L</b> <b>535 CIDERMILL PLACE</b> <b>LAKE MARY FL 32746</b>				10. Name and Address of New Registered Agent 81 Name <b>Angela Y. Hobbs</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>535 Cidermill Place</b> 83 84 City <b>Lake Mary</b> <b>FL</b> 85 Zip Code <b>32746</b>	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE <i>Angela Y. Hobbs</i> <i>President</i> <b>7/24/99</b> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>HOBBS, ASHLEY L</b> <b>535 CIDERMILL PLACE</b> <b>LAKE MARY FL</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>P/T</b> <b>Angela Y. Hobbs</b> <b>535 Cidermill Place</b> <b>Lake Mary, Fla. 32746</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT</b> <b>HOBBS, ANGELA Y.</b> <b>535 CIDERMILL PLACE</b> <b>LAKE MARY FL</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>S/Tr</b> <b>Jean M. East</b> <b>49-Dock Branch Road</b> <b>Barnardsville, N.C. 28709</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HOBBS, ODEAN T</b> <b>1950 S HWY 301</b> <b>JESUP GA</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>Tr</b> <b>Sandra S. Sharbaugh</b> <b>8917 Noroad Road #2</b> <b>Jacksonville, Fla. 32210</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Tr</b> <b>Sandra S. Sharbaugh</b> <b>8917 Noroad Road #2</b> <b>Jacksonville, Fla. 32210</b>	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>Tr</b> <b>Sandy L. Peterson</b> <b>172 Steelwood Drive</b> <b>Richmond Hill, Georgia 31324</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Angela Y. Hobbs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-99

4075241753

Date

Daytime Phone #