

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 10, 2006 8:00 am**  
**Secretary of State**

06-20-2006 90013 013 \*\*\*\*70.00

**DOCUMENT # N97000004844**

1. Entity Name

**THE GREATER NEWTOWN COMMUNITY  
REDEVELOPMENT CORPORATION**



Principal Place of Business

**1751 DR. MARTIN LUTHER KING, JR. WAY  
SARASOTA, FL 34234 US**

Mailing Address

**1751 DR. MARTIN LUTHER KING, JR. WAY  
SARASOTA, FL 34234 US**

66021507



07052006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-0800942**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GRIMES, JETSON  
1751 DR. MARTIN LUTHER KING, JR. WAY  
SARASOTA, FL 34234**

**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 September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRIMES, JETSON
STREET ADDRESS	2741 N OSPREY AVENUE
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	TD
NAME	SHAW, WILLIE C
STREET ADDRESS	1234 17TH STREET
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	SD
NAME	WEBB, EUREKA
STREET ADDRESS	1815 3RD AVENUE EAST
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	D
NAME	HEISER, ROLLAND V
STREET ADDRESS	4104 LAS PALMAS DR
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #