

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000005253

**FILED**  
**Jan 28, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA GRANTS MANAGEMENT AND MONITORING, INC.

**Current Principal Place of Business:**

820 KENNEDY BLVD  
BROOKSVILLE, FL 34605

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 896  
BROOKSVILLE, FL 34605

**New Mailing Address:**

**FEI Number:** 59-3501340

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GEORGINI, MICHAEL J  
11156 N US HWY 301  
OXFORD, FL 34484 US

**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:** SD  
**Name:** OSTEEN, BARRY S  
**Address:** 11156 C R 209  
**City-St-Zip:** OXFORD, FL 34484

**Title:** VD  
**Name:** DEAN, SUSAN D  
**Address:** 4358 CRESCENT RD  
**City-St-Zip:** SPRING HILL, FL 34606

**Title:** D  
**Name:** BATTEN, CHRISTINE M  
**Address:** 9299 WEATHERLY DRIVE  
**City-St-Zip:** BROOKSVILLE, FL 34601

**Title:** RAED  
**Name:** GEORGINI, MICHAEL J  
**Address:** 820 KENNEDY BLVD  
**City-St-Zip:** BROOKSVILLE, FL 34601

I hereby 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 all other like empowered.

**SIGNATURE:** MICHAEL J. GEORGINI

RAED

01/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date