

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000011669

**Entity Name:** GREATER RESOURCES IMPROVE TEENAGE SUCCESS INC.

**FILED**  
**Feb 01, 2023**  
**Secretary of State**  
**5503032762CC**

**Current Principal Place of Business:**

1683 SOUTH ADELLE AVE  
DELAND, FL 32720

**Current Mailing Address:**

1683 SOUTH ADELLE AVE  
DELAND, FL 32720 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

COUCH, JAMIE  
1683 SOUTH ADELLE AVE  
DELAND, FL 32720 US

*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

**Officer/Director Detail :**

Title DIR  
Name COUCH, JAMIE  
Address 1683 SOUTH ADELLE AVE  
City-State-Zip: DELAND FL 32720

Title P  
Name COUCH, JAMIE  
Address 1683 SOUTH ADELLE AVE  
City-State-Zip: DELAND FL 32720

Title DIR  
Name MCLEOD, TABITHA  
Address 1683 SOUTH ADELLE AVE  
City-State-Zip: DELAND FL 32720

Title SEC  
Name MCLEOD, TABITHA  
Address 1683 SOUTH ADELLE AVE  
City-State-Zip: DELAND FL 32720

Title TRE  
Name MCLEOD, TABITHA  
Address 1683 SOUTH ADELLE AVE  
City-State-Zip: DELAND FL 32720

Title DIR  
Name HARTMAN, JOE  
Address 1683 SOUTH ADELLE AVE  
City-State-Zip: DELAND FL 32720

*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: TABITHA MCLEOD**

**SECRETARY**

**02/01/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date