


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90245 021 ****61.25

DOCUMENT # 707497	
1. Entity Name GROVE CITY CIVIC ASSOCIATION, INC.	

Principal Place of Business 1936 GEORGIA AVE GROVE CITY FL 34224 US	Mailing Address P.O BOX 5201 GROVE CITY STATION GROVE CITY FL 34224 US
---	--

2. Principal Place of Business 8171 Drew Street Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
--	---

City & State Grove City, FL	City & State
Zip 34224-8909	Country US

4. FEI Number 59-2130884	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MOORE, TOM GROVER CITY CIVIC ASSOC 1936 GEORGIA AVE ENGLEWOOD FL 34224

7. Name and Address of New Registered Agent
Name Jody Brokaw
Street Address (P.O. Box Number is Not Acceptable)
City 8171 Drew Street Grove City
Zip Code FL 34224-8909

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 *Jody Brokaw* Jody Brokaw, Treas. 4/24/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	---------------------------------------	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, TOM 1936 GEORGIA AVE GROVE CITY FL 34224 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROKAW, JODI 8171 DREW ENGLEWOOD FL 34224 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHINSKE, AUDREY 2820 12TH STREET GROVE CITY FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARMSTRONG, DEETSY 2092 OYSTER CREEK DR GROVE CITY FL 34224 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, ERNIE 2122 ARKANSAS AVE GROVE CITY FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, ERU 2273 BROOKWOOD DR. ENGLEWOOD FL 34224 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Irv Harris 2273 Brookwood Drive Grove City, FL 34224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Ernest Ferguson 1955 Illinois Ave. Grove City, FL 34224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Jody Brokaw 8171 Drew Street Grove City, FL 34224-8909 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Dick Steenrod 2217 Oleada Court Grove City, FL 34224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director David Dayton 2257 Brookwood Drive Grove City, FL 34224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 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: *Jody Brokaw* Jody Brokaw, Treas. 4/24/04 941-697-7719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #