

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90062 034 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2130884**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOORE, TOM
GROVER CITY CIVIC ASSOC
1936 GEORGIA AVE
ENGLEWOOD FL 34224**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Thomas Moore

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/1/03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P MOORE, TOM	<input type="checkbox"/> Delete
STREET ADDRESS	1936 GEORGIA AVE	
CITY-ST-ZIP	GROVE CITY FL 34224	
TITLE NAME	VP MASCOOP, ELLIOTT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9300 PINE COVE DR	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE NAME	S SHINSKE, AUDREY	<input type="checkbox"/> Delete
STREET ADDRESS	2820 12TH STREET	
CITY-ST-ZIP	GROVE CITY FL	
TITLE NAME	T ARMSTRONG, DEETSY	<input type="checkbox"/> Delete
STREET ADDRESS	2092 OYSTER CREEK DR	
CITY-ST-ZIP	GROVE CITY FL 34224	
TITLE NAME	D FERGUSON, ERNIE	<input type="checkbox"/> Delete
STREET ADDRESS	2122 ARKANSAS AVE	
CITY-ST-ZIP	GROVE CITY FL	
TITLE NAME	D FORD, ALAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2481 SANDY LANE	
CITY-ST-ZIP	ENGLEWOOD FL 34224	

TITLE NAME	VP Ann Mercer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1990 Illinois	
CITY-ST-ZIP	Grove City, FL 34224	
TITLE NAME	D Jodi Brokaw	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8171 Drew	
CITY-ST-ZIP	Grove City, FL 34224	
TITLE NAME	Erin Harris	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2273 Brookwood Dr	
CITY-ST-ZIP	Grove City, FL 34224	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

Thomas Moore

4/1/03

CR2E037 (10/02)