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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 4:23

DOCUMENT # **720195** **(7)**

1. Corporation Name
THE GROVE COUNSELING CENTER, INC.

Principal Place of Business	Mailing Address
560 OLD SANFORD/OVIEDO RD WINTER SPRINGS FL 32708	580 OLD SANFORD/OVIEDO RD WINTER SPRINGS FL 32708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1971
3a. Date of Last Report: 06/20/1994
4. FEI Number: 23-7109532 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

VISSER, LARRY
992 CARIBBEAN PL.
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PETERSON, DENNIS A	1.2 NAME	
STREET ADDRESS	5111 NADINE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	SD ☒ Change ☐ Addition
NAME	CLEVELAND, MARY ANNE	2.2 NAME	PHIL KULBES
STREET ADDRESS	39 STONE GATE SOUTH	2.3 STREET ADDRESS	705 GLASGOW COURT
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	WINTER SPRINGS FL 32708
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	PETERSON, DENNIS A	3.2 NAME	
STREET ADDRESS	5111 NADINE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, BOB	4.2 NAME	
STREET ADDRESS	129 BETHUNE CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	4.4 CITY-ST-ZIP	
TITLE	ED	5.1 TITLE	☐ Change ☐ Addition
NAME	VISSER, LARRY A.	5.2 NAME	
STREET ADDRESS	992 CARIBBEAN PL.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	JARRET, SANDRA C	6.2 NAME	HEATH MCCRACKEN
STREET ADDRESS	3540 S. HWY. 17-92	6.3 STREET ADDRESS	4040 MISTY MORNING
CITY-ST-ZIP	CASSELBERRY FL	6.4 CITY-ST-ZIP	CASSELBERRY FL 32707

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: LARRY A. VISSER 1/20/95 407-327-1765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030616