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Mar 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT



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

1997

DOCUMENT # 720195 (7)

1. Corporation Name

THE GROVE COUNSELING CENTER, INC.

Principal Place of Business

Mailing Address

580 OLD SANFORD/OVIEDO RD
WINTER SPRINGS FL 32708

580 OLD SANFORD/OVIEDO RD
WINTER SPRINGS FL 32708-2637



3. Date Incorporated or Qualified
02/04/1971

3a. Date of Last Report
02/28/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

29

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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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VISSER, LARRY
992 CARIBBEAN PL.
CASSELBERRY FL 32707

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ Chairperson ☐ DELETE
NAME SIMEONE, CARMEN
STREET ADDRESS 775 KIRKMAN ROAD SUITE 110
CITY-ST-ZIP ORLANDO FL

1.1 TITLE Vice Chairperson ☐ Change ☒ Addition
1.2 NAME Lt. Jack Cash
1.3 STREET ADDRESS 1345 E. 28th Street
1.4 CITY-ST-ZIP Sanford, FL 32773

TITLE ☒ SD ☐ DELETE
NAME HOLT-MILLER, CYNTHIA
STREET ADDRESS 1827 HAWKINS AVENUE
CITY-ST-ZIP SANFORD FL

2.1 TITLE Treasurer ☐ Change ☒ Addition
2.2 NAME James McAuliffe
2.3 STREET ADDRESS 100 Weldon Boulevard
2.4 CITY-ST-ZIP Sanford, FL 32773

TITLE ☒ TD ☐ DELETE
NAME BARTELS, DAVID
STREET ADDRESS 650 N. HWY 17-92
CITY-ST-ZIP LONGWOOD FL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME PAUL R. BERTRAM JR.
3.3 STREET ADDRESS 4522 CLINGMAN RD SUITE 100
3.4 CITY-ST-ZIP ORLANDO FL 32810

TITLE ☒ VD ☐ DELETE
NAME BARTELS, DAVID
STREET ADDRESS 650 N. HWY 17-92
CITY-ST-ZIP LONGWOOD FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME DR. HOUSTON EVANS
4.3 STREET ADDRESS 400 EAST LAKE MARY BLVD.
4.4 CITY-ST-ZIP LAKE MARY FL

TITLE ☒ Executive Director ☐ DELETE
NAME VISSER, LARRY A.
STREET ADDRESS 992 CARIBBEAN PL.
CITY-ST-ZIP CASSELBERRY FL

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME SANDRA RANDOLPH
5.3 STREET ADDRESS 7127 LAKE CHURCH ROAD
5.4 CITY-ST-ZIP ORLANDO FL 32822

TITLE ☒ Secretary ☐ DELETE
NAME BERTRAM, JR. P
STREET ADDRESS 4522 CLARA CONA OCOEE #100
CITY-ST-ZIP ORLANDO FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0012975

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408 339-9600