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Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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

3. Date Incorporated or Qualified: 02/04/1971

4. FEI Number: 23-7109532 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 585 East SR 434	26 585 EAST SR 434
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Longwood FL	28 City & State: LONGWOOD FL
24 Zip: 32750 25 Country: Seminole	29 Zip: 32750 30 Country: Seminole

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 _____ 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	C	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	SIMEONE, CARMEN		1.2 NAME	SIMEONE, CARMEN	
STREET ADDRESS	775 KIRKMAN ROAD SUITE 110		1.3 STREET ADDRESS	775 KIRKMAN ROAD-SUITE 110	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	ORLANDO FL	
TITLE	VPD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CASH, JACK LT		2.2 NAME		
STREET ADDRESS	1345 E 28TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE	CTD	☒ Change ☐ Addition
NAME	MCAULIFFE, JAMES		3.2 NAME	MCAULIFFE JAMES	
STREET ADDRESS	100 WELDON BLVD		3.3 STREET ADDRESS	100 WELDON BLVD	
CITY-ST-ZIP	SANFORD FL		3.4 CITY-ST-ZIP	SANFORD FL	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BERTRAM, PAUL R JR		4.2 NAME		
STREET ADDRESS	4522 CLARONA RD, STE 100		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	ED	☐ DELETE	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	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, HORTENSE DR		6.2 NAME		
STREET ADDRESS	400 E LAKE UNDERHILL RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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 REQUIRED 1/7/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #