FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999
DOCUMENT # 720195

1. Corporation Name

THE GROVE COUNSELING CENTER, INC.

Principal Place of Busine									
585 EAST SR 434									
LONGWOOD FL 32750									
US									

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

Mailing Address

585 EAST SR 434 LONGWOOD FL 32750 US

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27



Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

02/04/1971

23-7109532

4. FEI Number

ــــــــــــــــــــــــــــــــــــــ		20									
Zip	Country		Zip	<u> </u>	Country		6. Election Campaign	*	\$5.00 t		
24]	25 29 30 9. Name and Address of Current Registered Agent				4	Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent					
	3. Name and Address of Currer	nt Kegis	resea wãe	, TR	81	Name	.v. Hame and Addiss	o o. How Hogisto			
VISSER, LARRY					82	Street A	Address (P.O. Box Number is N	Not Acceptable)			
992 CARIBBEAN PL.					83	 -					
CASSELBI	ERRY FL 32707				63	!	•				
	· **				84	City			FL 85 Zip C	ode	
office or re	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florid	ia. Such cl	hange was auth	orized by	the corpo	corporation submits this statem oration's board of directors. I he	nent for the purpos ereby accept the a	e of changing its ppointment as rec	registered jistered	
SIGNATURE	Signature, typed or printed name of registered age	ant and title	f applicable	(NOTE: Pa	gistered Ager	it skonature re	equired when reinstating)	DAT	<u> </u>		
12.	OFFICERS AN			(11012.10)	13.		ADDITIONS/CHANG	ES TO OFFICERS	S AND DIRECTO	RS IN 12	
TITLE	D			DELETE	1.1 TITLE				☐ Change	☐ Addition	
NAME	SIMEONE, CARMEN			ļ	1.2 NAME			•			
STREET ADDRESS	775 KIRKMAN ROAD SUITE 11	10		1	1.3 STREET	TADDRESS					
	ORLANDO FL				1.4 CITY-S	T-ZIP					
CITY-ST-ZIP	CTD			DELETE	2.1 TITLE				☐ Change	Addition	
NAME	MCAULIFFE, JAMES				2.2 NAME	- 1				-	
STREET ADDRESS	100 WELDON BLVD			ļ	2.3 STREET	T ADDRESS					
CITY-ST-ZIP	SANFORD FL				2. 4 CITY-S						
TITLE	D			DELETE	3.1 TITLE				☐ Change	Addition	
NAME	BERTRAM, PAUL R JR			ļ	3.2 NAME	İ		-			
STREET ADDRESS	4522 CLARONA RD, STE 100				3.3 STREET	TADDRESS					
CITY-ST-ZIP	ORLANDO FL				3.4. CITY- S	ST-ZIP					
TITLE	ED			DELETE	4.1 TITLE				Change	☐ Addition	
NAME	VISSER, LARRY A.			ļ	4. 2 NAME	1				•	
STREET ADDRESS	992 CARIBBEAN PL.				4.3 STREET	TADDRESS					
CITY-ST-ZIP	CASSELBERRY FL				4.4 CITY-S	T-ZIP					
TITLE	D			DELETE	5.1 TITLE				☐ Change	☐ Addition	
NAME	EVANS, HORTENSE DR				5.2 NAME	}			•		
STREET ADDRESS	400 E LAKE UNDERHILL RD				5.3 STREE	T ADDRESS				ĺ	
CITY-ST-ZIP	ORLANDO FL				5.4 CITY-S	T-ZIP					
TITLE				DELETE	6.1 TITLE		D-T		☐ Change	Addition	
NAME					6.2 NAME	ļ	JAMES SABO	FF			
STREET ADDRESS				ļ	6.3 STREE	TADORESS	40 BOX 94145				
-					6.4 CITY-S	T 710	MATTINO FL	32794		ı	
CITY-ST-ZIP					9. 4 (III+3) - L UF	IIIDUL IMO L				

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, with all other like empowered.

SIGNATURE:

MATURE REQUIRED

120/99

Daytime Phone #

(2E03/ (11/98)