

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720195

FILED
Jan 14, 2008
Secretary of State

Entity Name: THE GROVE COUNSELING CENTER, INC.

Current Principal Place of Business:

111 WEST MAGNOLIA AVE
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

111 WEST MAGNOLIA AVE
LONGWOOD, FL 32750 US

New Mailing Address:

FEI Number: 23-7109532 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BIRCH, LARRY A
1435 KETTLEDUM TRAIL
ENTERPRISE, FL 32725 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: GENNELL, CINDY
Address: 706 MEADOW BROOK DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VC () Delete
Name: CORRAD, PAUL
Address: 8300 GRANADA BLVD.
City-St-Zip: ORLANDO, FL 32836

Title: TD () Delete
Name: WOLFROM, STEPHEN
Address: 499 N. SR 434, SUITE 2125
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: SD () Delete
Name: MERCHANT, ROBERT
Address: 225 NEWBURYPORT AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: PD () Delete
Name: BIRCH, LARRY A
Address: 1435 KETTLEDUM TRAIL
City-St-Zip: ENTERPRISE, FL 32725

Title: CVP () Delete
Name: SMALL, JENNIFER L
Address: 1211 RIDGE ROAD
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER SMALL

CVP

01/14/2008

Electronic Signature of Signing Officer or Director

_____ Date