2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2010
Secretary of State

DOCUMENT# 720195

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 KETTLEDRUM 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
Name: GENNELL, CINDY
Address: 706 MEADOW BROOK DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

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

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

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

Title: PD
Name: BIRCH, LARRY A
Address: 1435 KETTLEDRUM TRAIL
City-St-Zip: ENTERPRISE, FL 32725

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

I hereby 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 all other like empowered.

SIGNATURE: LARRY A BIRCH PD 01/04/2010

Electronic Signature of Signing Officer or Director Date