

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707497

FILED
Mar 18, 2009
Secretary of State

Entity Name: GROVE CITY CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

8171 DREW ST
GROVE CITY, FL 34224 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 5201
GROVE CITY STATION
GROVE CITY, FL 34224 US

New Mailing Address:

FEI Number: 59-2130884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELFAND, ELLIOT
2245 OLEADA COURT
GROVE CITY, FL 34224 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: P () Delete
Name: HARRIS, IRV
Address: 2273 BROOKWOOD DR
City-St-Zip: GROVE CITY, FL 34224

Title: VP () Delete
Name: DAYTON, DAVE
Address: 2257 BROOKWOOD DRIVE
City-St-Zip: GROVE CITY, FL 34224

Title: S () Delete
Name: SHINSKE, AUDREY
Address: 2820 12TH STREET
City-St-Zip: GROVE CITY, FL

Title: T () Delete
Name: HELFAND, ELLIOT
Address: 2245 OLEADA COURT
City-St-Zip: GROVE CITY, FL 34224

Title: D () Delete
Name: DAYTON, PHYLLIS
Address: 2257 BROOKWOOD DRIVE
City-St-Zip: GROVE CITY, FL 34224

Title: D () Delete
Name: STEWART, RUTH
Address: 2424 PLACIDA D104
City-St-Zip: GROVE CITY, FL 34224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: DOBRIN, PHILIP
Address: 1901 ILLINOIS AVE
City-St-Zip: GROVE CITY, FL 34224

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

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

Title: () Change () Addition
Name:
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: AUDREY SHINSKE

S

03/18/2009

Electronic Signature of Signing Officer or Director

Date