2004 NOT-FOR-PROFIT CORPORATION

FILED Jan 09, 2004 8:00 am Secretary of State 01-09-2004 90072 033 ****70.00

ANNUAL REPORT	
DOCUMENT # 720195	100
1 Entity Name	

THE GROVE COUNSELING CENTER, INC. Principal Place of Business Mailing Address Mailing Address						01-09-2004 :	90072 ()33 mm	*70.00	
Principal Place of Business Mailing Address 583 EAST SR 434 LONGWOOD, FL 32750 US Mailing Address 583 EAST SR 434 LONGWOOD, FL 32750 US										
2. Principal P	Place of Business	3. Mailin	g Address							
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				01072004 (Chg-NP	CR2EC	37 (10/0	3)	
City & State City & S		k State			4. FEI Number 23-71095	4. FEI Number 23-7109532			Applied For Not Applicable	
Zip	Country Zip C		Cou	ntry				Fee Req	8.75 Additional ee Required	
ļ	6. Name and Address o	of Current Registered	Agent		Mana	7. Name and Ad	dress of New R	egistered	Agent	
BIRCH, LARRY A 1435 KETTLEDRUM TRAIL				Name Street Address (P.O. Box Number is Not Acceptable)						
DELTONA	, FL 32725			ŀ						
					City			FI	Zip (Code
	named entity submits this stations of registered agent.	atement for the purpos	e of changing its r	egistere	ed office or regis	stered agent, or both, i	n the State of Flo	rida. Lan	n familiar w	vith, and accept
SIGNATURE			, .							J. 41 . 12
	Signature, typed or printed name of rec	gistered agent and title if applic	able. (NOTE:	Registered	d Agent signature requ	ired when reinstating)		DATE		
Filling Fee is \$61.25 Due by May 1, 2004 9. Election Campaign Trust Fund Contrib										
			9. Election Cam	paign F ontributi	inancing on.	\$5.00 May Be Added to Fees	1		ck payabl irtment o	le to f State
	Due by May 1, 2004		9. Election Campust Fund Co	paign F ontributi 11.	on.		Flor	ida Depa	irtment o	f State
# 4 Tr	Due by May 1, 2004 OFFICER C		9. Election Campust Fund Co	ontributi	on.	Added to Fees	Flor	ida Depa	irtment o	f State
a Ti 10. TITLE. NAME	OFFICER C GENNELL, CINDY	RS AND DIRECTORS	- Trust Fund Co	11. TITLE	on.	Added to Fees	Flor	ida Depa	IRECTOR	f State
a T 10. TITLE. NAME STREET ADDRESS	Due by May 1, 2004 OFFICER C	RS AND DIRECTORS DRIVE	- Trust Fund Co	11. TITLE NAME	On. State St	Added to Fees	Flor	ida Depa	IRECTOR	f State
III. ITILE. NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2004 OFFICER C GENNELL, CINDY 706 MEADOW BROOK WINTER SPRINGS, FL	RS AND DIRECTORS DRIVE	Trust Fund Co	11. TITLE NAME STREE	STA	Added to Fees	Flor	ida Depa	DIRECTOR:	S IN 10
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12. Thereby 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

HOLL M TOWN MIGHATURE AND TYPED OR PONTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7 /0X

107-327-1765