

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90016 017 \*\*\*\*70.00

**DOCUMENT # 720195**

1. Entity Name  
**THE GROVE COUNSELING CENTER, INC.**



Principal Place of Business  
**585 EAST SR 434  
LONGWOOD FL 32750  
US**

Mailing Address  
**585 EAST SR 434  
LONGWOOD FL 32750  
US**

40001700



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**583 East SR 434**  
Suite, Apt. #, etc.

3. Mailing Address  
**583 East SR 434**  
Suite, Apt. #, etc.

City & State  
**Longwood, FL**

City & State  
**Longwood, FL**

4. FEI Number **23-7109532**

Applied For  
Not Applicable

Zip  
**32750**

Country  
**Seminole**

Zip  
**32750**

Country  
**Seminole**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BIRCH, LARRY A  
1435 KETTLEDUM TRAIL  
Enterprise, FL 32725**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Larry A Birch*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/3/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FOREMAN, SUE 1940 SUMMERLAND AVE WINTER PARK FL 32789</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NATISHYN-SINGLETARY, MARY J 1319 N COCHRAN RD GENEVA FL 32732</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BERTRAM, PAUL R 4522 CLARCONA OCOEE RD STE 100 ORLANDO FL 32810</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SIMEONE, MEREDITH 2020 MCCRAKEN RD SANFORD FL 32771</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ED BIRCH, LARRY A 441 AMTHYST WAY LAKE MARY FL 32746</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairperson Cindy Gennell 706 Meadow Brook Drive Winter Springs, FL 32708</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice Chairperson Paul Corrad 8300 Granada Blvd. Orlando, FL 32836</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Stephen Wolfram 499 N SR 434 Suite 2125 Altamonte Springs, FL 32716</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Claire Massey P.O. Box 163358 Orlando, FL 32816</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Larry A. Birch 1435 Kettledrum Trail Enterprise, FL 32725</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby 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:

*Larry A Birch*

(407) 588-1117  
1/3/03

CR2E037 (10/02)