## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000004220

AUGUSTINO, ÁNN MARIE

PINELLAS PARK, FL 33781

7139 62ND ST N

Name:

Address:

City-St-Zip:

FILED May 27, 2005 Secretary of State

Entity Nam	ne: GREENSONG GROVE, INC.			
Current Pr	incipal Place of Business:	New Principal Place o	New Principal Place of Business:	
12041 66TH ST N SUITE B LARGO, FL 33773		1590 79TH AVE N ST. PETERSBURG, FL	1590 79TH AVE N ST. PETERSBURG, FL 33702	
Current Ma	ailing Address:	<b>New Mailing Address</b>	New Mailing Address:	
12041 66TH ST N LARGO, FL 33773		1590 79TH AVE N ST. PETERSBURG, FL	1590 79TH AVE N ST. PETERSBURG, FL 33702	
	36-4454419 FEI Number Applied For() e with s. 607.193(2)(b), F.S., the corporation did not re Address of Current Registered Agent:	•	Certificate of Status Desired ( )  New Registered Agent:	
WAHLS, KATHI 12041 66TH ST N SUITE B LARGO, FL 33773 US		KELLER, TERESA M 1590 79TH AVE N ST. PETERSBURG, FL	_ 33702 US	
The above in the State	named entity submits this statement for the purp of Florida.	ose of changing its registered	office or registered agent, or both,	
SIGNATURE: TERESA M KELLER			05/27/2005	
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete PORTER, NANCY E 1315 26TH AVE N ST. PETERSBURG, FL 33703	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () Delete KELLER, TERESA M 1590 79TH AVE N ST. PETERSBURG, FL 33702	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	D ( ) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: TERESA M KELLER D 05/27/2005