

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008820

FILED
Apr 27, 2007
Secretary of State

Entity Name: ONIC-PALM GROVE GARDENS, INC.

Current Principal Place of Business:

101 SOUTH TERRY AVENUE
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

101 SOUTH TERRY AVENUE
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 30-0024593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REBER, JOHN C
109 E. CHRUCH ST., 5TH FL
ORLANDO, FL 32801 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: ANSLEY, ROBERT E JR
Address: 101 S TERRY AVENUE
City-St-Zip: ORLANDO, FL 32805

Title: VP () Delete
Name: FRINCKE, ROBERT B JR
Address: 101 S TERRY AVENUE
City-St-Zip: ORLANDO, FL 32805

Title: CD () Delete
Name: MARTIN, AIDA
Address: 400 W CHURCH STREET
City-St-Zip: ORLANDO, FL 32801

Title: VCD () Delete
Name: KELLY, SARAH
Address: 20 N ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: STD () Delete
Name: RIDINGER, CRAIG
Address: 100 COLONIAL CENTER PARKWAY
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: MELLEN, ROBERT
Address: 255 S ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

Title: STD (X) Change () Addition
Name: RIDINGER, CRAIG
Address: 405 DOUGLAS AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D (X) Change () Addition
Name: MELLEN, ROBERT
Address: 455 S ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

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: AIDA MARTIN

CD

04/27/2007

Electronic Signature of Signing Officer or Director

Date