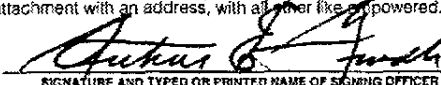


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000005586		
1. Entity Name THE ART AND PHYLLIS GRINDLE FOUNDATION, INC.		
Principal Place of Business 241 LIVE OAK LANE ALTAMONTE SPRINGS, FL 32714	Mailing Address 241 LIVE OAK LANE ALTAMONTE SPRINGS, FL 32714	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GRINDLE, ARTHUR E 241 LIVE OAK LANE ALTAMONTE SPRINGS, FL 32714		DO NOT WRITE IN THIS SPACE
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 _____ Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRINDLE, ARTHUR E 241 LIVE OAK LANE ALTAMONTE SPRINGS, FL 32714	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRINDLE, PHYLLIS A 241 LIVE OAK LANE ALTAMONTE SPRINGS, FL 32714	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRINDLE, ARTHUR E JR. 712 WILLOW RUN LANE WINTER SPRINGS, FL 32708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMSON, KATHRYN G 830 MIAMI SPRINGS ROAD LONGWOOD, FL 32779	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIODI, GALE GRINDLE POST OFFICE BOX 160789 ALTAMONTE SPRINGS, FL 32716	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANSING, CHARLIE 933 DOUGLAS AVAENUE, SUITE 1 ALTAMONTE SPRINGS, FL 32714	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1-19-04 Daytime Phone # 407-862-2783



01122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 51-0416857	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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01/22/04-80017-005 61.25

**DO NOT WRITE
IN THIS SPACE**