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	Mailing Address
241 LIVE OAK LANE ALTAMONTE SPRINGS, FL 32714	241 LIVE OAK LANE ALTAMONTE SPRINGS, FL 32714

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

GRINDLE, ARTHUR E
241 LIVE OAK LANE
ALTAMONTE SPRINGS, FL 32714

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	GRINDLE, ARTHUR E
STREET ADDRESS	241 LIVE OAK LANE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	STD
NAME	GRINDLE, PHYLLIS A
STREET ADDRESS	241 LIVE OAK LANE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	D
NAME	GRINDLE, ARTHUR E JR.
STREET ADDRESS	712 WILLOW RUN LANE
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	D
NAME	WILLIAMSON, KATHRYN G
STREET ADDRESS	830 MIAMI SPRINGS ROAD
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	D
NAME	CHIODI, GALE GRINDLE
STREET ADDRESS	POST OFFICE BOX 160789
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32716
TITLE	D
NAME	LANSING, CHARLIE
STREET ADDRESS	933 DOUGLAS AVAENUE, SUITE 1
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714

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01/22/04-80017-005 61.25

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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: Arthur E Grindle 1-19-04 407-862-2783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #