

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90074 003 ****61.25

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
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50018498



1st MOORE CR2E037 (10/04)

2. Principal Place of Business <i>830 Miami Springs Dr.</i> Suite, Apt. #, etc.	3. Mailing Address <i>830 Miami Springs Dr.</i> Suite, Apt. #, etc.
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City & State <i>Longwood FL</i>	City & State <i>Longwood FL</i>
Zip <i>32779</i>	Country <i>Seminole</i>

4. FEI Number 51-0416857	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRINDLE, ARTHUR E 241 LIVE OAK LANE ALTAMONTE SPRINGS FL 32714	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>764 Parkside Pointe Blvd.</i> City <i>Apopka</i> State FL Zip Code <i>32712</i>	
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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 <i>Arthur E. Grindle Pres.</i> Signature, typed or printed name of registered agent and title if applicable	DATE <i>2/16/05</i> (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRINDLE, ARTHUR E 241 LIVE OAK LANE ALTAMONTE SPRINGS FL 32714 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P/S/T/D</i> ☒ Change ☐ Addition <i>764 Parkside Pointe Blvd.</i> <i>Apopka, FL 32712</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRINDLE, PHYLLIS A 241 LIVE OAK LANE ALTAMONTE SPRINGS FL 32714 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRINDLE, ARTHUR E JR. 712 WILLOW RUN LANE WINTER SPRINGS FL 32708 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMSON, KATHRYN G 830 MIAMI SPRINGS ROAD LONGWOOD FL 32779 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIODI, GALE GRINDLE POST OFFICE BOX 160789 ALTAMONTE SPRINGS FL 32716 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANSING, CHARLIE 933 DOUGLAS AVAENUE, SUITE 1 ALTAMONTE SPRINGS FL 32714 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <i>Arthur E. Grindle</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <i>2/16/05</i> DAYTIME PHONE # <i>1407889-8514</i>