

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006486

FILED
Apr 21, 2006
Secretary of State

Entity Name: GROVE HOUSE SUPPORTIVE SERVICES, INC.

Current Principal Place of Business:

2700 UNIVERSITY BOULEVARD WEST
#A1
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

2700 UNIVERSITY BOULEVARD WEST
#A1
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 20-0137227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODRICH, JEFF D
1850 UNIVERSITY BLVD SOUTH
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

GOODRICH, JEFF D
7806 KESSLER RIDGE PL
JACKSONVILLE, FL 32256 US

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: JEFFERY D. GOODRICH

04/21/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAVIS, BRANH
Address: 5958 SAXONY WOODS LANE
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP () Delete
Name: SNYDER, LAUREN
Address: 8243 SHADY GROVE LANE
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BRANCH DAVIS

P

04/21/2006

Electronic Signature of Signing Officer or Director

Date