## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000006486

FILED Apr 30, 2008 Secretary of State

Entity Name: GROVE HOUSE SUPPORTIVE SERVICES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2700 UNIVERSITY BOULEVARD WEST #A1 JACKSONVILLE, FL 32217 **New Mailing Address: Current Mailing Address:** 2700 UNIVERSITY BOULEVARD WEST JACKSONVILLE, FL 32217 FEI Number: 20-0137227 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete SNYDER, LAUREN SIMMS, BERNARD L Name: Name: 8243 SHADY GROVE LANE Address: 3835 CORONADO AVE. Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32217 (X) Change ( ) Addition Title: Title: ( ) Delete MOORE, PAUL T Name: SNYDER, LAUREN Name: Address: 2098 ORANGE PICKERS ROAD Address: 8243 SHADY GROVE LANE City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: JACKSONVILLE, FL 32256 Title: () Delete Title: ( ) Change (X) Addition BROWDY, RICHARD Name: Name: 6944 ST. AUGUSTINE RD Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32217 Title: () Delete Title: ( ) Change (X) Addition SHORSTEIN, ELIZABETH Name: Name: 11045 RIVERPORT COURT Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32223 Title: () Delete Title: ( ) Change (X) Addition LUFRANO, ANNE Name: Name: 8113 MIDDLE FORK WAY Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32256 Title: () Delete Title: ( ) Change (X) Addition WEITZNER, SHARI Name: Name: Address: Address: 3429 BEAUCLERC RD JACKSONVILLE, FL 32257 City-St-Zip: City-St-Zip:

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: BERNARD L. SIMMS P 04/30/2008