# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000006486

Entity Name: GROVE HOUSE SUPPORTIVE SERVICES, INC.

Apr 28, 2009 Secretary of State

**Current Principal Place of Business:** New Principal Place of Business:

2700 UNIVERSITY BOULEVARD WEST 2940 CLAIRE LANE

#A1

JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32217

New Mailing Address: **Current Mailing Address:** 

2700 UNIVERSITY BOULEVARD WEST P. O. BOX 24125

JACKSONVILLE, FL 32241 41 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:

Date

### Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

#### **OFFICERS AND DIRECTORS:**

(X) Change ( ) Addition () Delete SIMMS, BERNARD L BROWDY, RICHARD S Name:

Name: 3835 CORONADO AVE. Address: 6944 ST. AUGUSTINE RD Address: City-St-Zip: JACKSONVILLE, FL 32217 City-St-Zip: JACKSONVILLE, FL 32217

Title: ( ) Delete Title: (X) Change ( ) Addition

SNYDER, LAUREN Name: DELEGAL, TAD A III Name: Address: 8243 SHADY GROVE LANE Address: 424 E. MONROE ST. City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32202

Title: () Delete Title: (X) Change ( ) Addition

BROWDY, RICHARD DIVITO, FRANK J Name: Name: 6944 ST. AUGUSTINE RD Address: Address: 816 A1A NORTH

City-St-Zip: JACKSONVILLE, FL 32217 City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: ( ) Delete Title: (X) Change ( ) Addition Name: SHORSTEIN, ELIZABETH Name: RAGSDALE, SALLY

11045 RIVERPORT COURT 1 INDEPENDENT DRIVE, SUITE 3000 Address: Address:

City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: JACKSONVILLE, FL 32202

Title: () Delete Title: (X) Change ( ) Addition

LUFRANO, ANNE TUCKER, SONDRA Name: Name:

8113 MIDDLE FORK WAY 4800 DEERWOOD CAMPUS PKWY, DCC 1-5 Address: Address:

City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32246

Title: () Delete Title: (X) Change ( ) Addition

WEITZNER, SHARI WEAVER, DIANNE Name: Name: 4735 SUNBEAM RD. Address: 3429 BEAUCLERC RD. Address: JACKSONVILLE, FL 32257 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: RICHARD S. BROWDY Т 04/28/2009