

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 28, 2010
Secretary of State

Entity Name: GROVE HOUSE SUPPORTIVE SERVICES, INC.

Current Principal Place of Business:

2940 CLAIRE LANE
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 24125
JACKSONVILLE, FL 32241 41

New Mailing Address:

P. O. BOX 24125
JACKSONVILLE, FL 32241

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
7806 KESSLER RIDGE PL
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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:

Title: T
Name: BROWDY, RICHARD S
Address: 6944 ST. AUGUSTINE RD
City-St-Zip: JACKSONVILLE, FL 32217

Title: D
Name: DELEGAL, TAD A III
Address: 424 E. MONROE ST.
City-St-Zip: JACKSONVILLE, FL 32202

Title: D
Name: DIVITO, FRANK J
Address: 816 A1A NORTH
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D
Name: RAGSDALE, SALLY
Address: 1 INDEPENDENT DRIVE, SUITE 3000
City-St-Zip: JACKSONVILLE, FL 32202

Title: D
Name: TUCKER, SONDR
Address: 4800 DEERWOOD CAMPUS PKWY, DCC 1-5
City-St-Zip: JACKSONVILLE, FL 32246

Title: D
Name: WEAVER, DIANNE
Address: 4735 SUNBEAM RD.
City-St-Zip: JACKSONVILLE, FL 32257

I hereby 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 all other like empowered.

SIGNATURE: RICHARD S. BROWDY

T

04/28/2010

Electronic Signature of Signing Officer or Director

_____ Date