


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90103 027 \*\*\*\*70.00

<b>DOCUMENT # N04000006643</b>	
1. Entity Name GROVE LANE COMMUNITY DEVELOPMENT CORPORATION, INC.	

Principal Place of Business 619 SMITH RD POLK CITY, FL 33868	Mailing Address 619 SMITH RD POLK CITY, FL 33868
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40101324



04302007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 11-3722814	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BYRD, CLIFFORD 619 SMITH RD POLK CITY, FL 33868
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BYRD, CLIFFORD 619 SMITH RD POLK CITY, FL 33868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCGILL, DELILAH 711 ORANGE BLVD POLK CITY, FL 33868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BROWN, MENDELL 710 SMITH RD POLK CITY, FL 33868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LOCKE, SANDRA 606 SMITH RD POLK CITY, FL 33868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-07 (863) 237-9821