

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000006643

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**

DO NOT WRITE IN THIS SPACE



05262008 No Chg-NP CR2E037 (4/06)

4. FEI Number
11-3722814

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BYRD, CLIFFORD
619 SMITH RD
POLK CITY, FL 33868**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

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: *Clifford S Byrd* **Clifford L Byrd**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-26-08 **8632879821**

Date

Daytime Phone #