

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006643

FILED
Jan 13, 2009
Secretary of State

Entity Name: GROVE LANE COMMUNITY DEVELOPMENT CORPORATION, INC.

Current Principal Place of Business:

619 SMITH RD
POLK CITY, FL 33868

New Principal Place of Business:

Current Mailing Address:

619 SMITH RD
POLK CITY, FL 33868

New Mailing Address:

FEI Number: 11-3722814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BYRD, CLIFFORD
619 SMITH RD
POLK CITY, FL 33868 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: DP () Delete
Name: BYRD, CLIFFORD
Address: 619 SMITH RD
City-St-Zip: POLK CITY, FL 33868

Title: DV () Delete
Name: MCGILL, DELILAH
Address: 711 ORANGE BLVD
City-St-Zip: POLK CITY, FL 33868

Title: DS () Delete
Name: BROWN, MENDELL
Address: 710 SMITH RD
City-St-Zip: POLK CITY, FL 33868

Title: DT () Delete
Name: LOCKE, SANDRA
Address: 606 SMITH RD
City-St-Zip: POLK CITY, FL 33868

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: CLIFFORD L BYRD

DP

01/13/2009

Electronic Signature of Signing Officer or Director

Date