

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2005  
Secretary of State**

DOCUMENT# N04000008923

Entity Name: GROVE HOUSE FOUNDATION, INC.

**Current Principal Place of Business:**

2700 UNIVERSITY BLVD. W.  
SUITE A-1  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

2700 UNIVERSITY BLVD. W.  
SUITE A-1  
JACKSONVILLE, FL 32217

**New Mailing Address:**

FEI Number: 65-1234249      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STALLARD, DEBBIE  
115 NAUGATUCK DRIVE  
JACKSONVILLE, FL 32225      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: P      ( ) Delete  
Name: MOORE, PAUL T  
Address: 2098 ORANGE PICKERS ROAD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: V      ( ) Delete  
Name: MCCARTY, DAVIS  
Address: 308 ROYAL TERN ROAD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: V      ( ) Delete  
Name: DAVIS, BRANCH  
Address: 5958 SAXONY WOODS LANE  
City-St-Zip: JACKSONVILLE, FL 32211

Title: V      ( ) Delete  
Name: DRESSER, MARILYN  
Address: 4122 MIZNER CIRCLE S  
City-St-Zip: JACKSONVILLE, FL 32217

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: V      (X) Change ( ) Addition  
Name: MOORE, PAUL T  
Address: 2098 ORANGE PICKERS ROAD  
City-St-Zip: JACKSONVILLE, FL 32223

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

Title: P      (X) Change ( ) Addition  
Name: DAVIS, BRANCH  
Address: 5958 SAXONY WOODS LANE  
City-St-Zip: JACKSONVILLE, FL 32211

Title: V      (X) Change ( ) Addition  
Name: SNYDER, LAUREN  
Address: 8243 SHADY GROVE LANE  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BRANCH DAVIS

P

04/27/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date