

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N41242

(1)

1. Corporation Name

GROVE OUTREACH, INC.

Principal Place of Business

Mailing Address

3749 GRAND AVENUE  
COCONUT GROVE FL 33133

3460 ROYAL ROAD  
MIAMI FL 33133

FILED

98 OCT 28 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 98

3. Date Incorporated or Qualifies

12/14/1990

4. FEI Number

59-0917275

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

J. PATRICK FITZGERALD P.A.  
110 MERRICK WAY  
SUITE 2-C  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

4000002678704--0

84 City

11/03/98 01030 001  
\*\*\*\*236.FL \*\*\*\*236.25

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*

10-26-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PPD  
NAME WYNNE, JOHN ☒ DELETE  
STREET ADDRESS 4320 SE 15TH ST  
CITY-ST-ZIP MIAMI FL

TITLE VD  
NAME GOWEN, WILLIAM ☒ DELETE  
STREET ADDRESS 3690 ST. GAUDENS RD.  
CITY-ST-ZIP MIAMI FL

TITLE STD  
NAME MCGILL, CHRISTINE ☒ DELETE  
STREET ADDRESS 3776 SW 28 STREET  
CITY-ST-ZIP MIAMI FL

TITLE  
NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pastor D ☒ Change ☐ Addition  
1.2 NAME Fr. George Garcia  
1.3 STREET ADDRESS 3460 Royal Road  
1.4 CITY-ST-ZIP Miami, Florida 33133

2.1 TITLE Associate Pastor D ☒ Change ☐ Addition  
2.2 NAME Fr. Rolando J. Castillo  
2.3 STREET ADDRESS 3460 Royal Road  
2.4 CITY-ST-ZIP Miami, Florida 33133

3.1 TITLE Permanent Deacon D ☒ Change ☐ Addition  
3.2 NAME Rev. Mr. Richard Carroll  
3.3 STREET ADDRESS 3460 Royal Road  
3.4 CITY-ST-ZIP Miami, Florida 33133

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PASTOR (305) 444-8363

0004697

CR2E037 (5/98)