

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N41242

1. Corporation Name

GROVE OUTREACH, INC.

Principal Place of Business

Mailing Address

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 30 PH 3:08

2. Principal Place of Business

21 3749 Grand Avenue

Suite, Apt. #, etc.

22

City & State

23 Coconut Grove, FL

Zip Country

24 33133

25 U.S.A.

2a. Mailing Address

26 3460 Royal Road

Suite, Apt. #, etc.

27

City & State

28 Miami, FL

Zip

29 33133

30 U.S.A.

3. Date Incorporated or Qualified

12/14/1990

4. FEI Number

59-0917275

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

J. PATRICK FITZGERALD, P.A.

110 Merrick Way, Suite 3-B

Coral Gables, FL 33134

81 Name

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

83

84 City

FL

85 Zip Code

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

J. PATRICK FITZGERALD

11/15/99

DATE

12

OFFICERS AND DIRECTORS

☐ DELETE

13

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

TITLE

PD

NAME

GARCIA, GEORGE FR

STREET ADDRESS

3460 Royal Road

CITY-STATE-ZIP

Miami, FL 33133

TITLE

APD

NAME

Castillo, Rolando J. FR

STREET ADDRESS

3690 St. Gaudens Road

CITY-STATE-ZIP

Miami, FL 33133

TITLE

PD

NAME

Deacon Permanent

STREET ADDRESS

3460 Royal Road

CITY-STATE-ZIP

Miami, FL 33133

TITLE

☒ DELETE

NAME

☐ DELETE

STREET ADDRESS

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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-17-99 305-444-8363

Date

Daytime Phone #

CR2E037 (1/96)