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Feb 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N45570 (1)  
1. Corporation Name  
GROVE HOUSE OF JACKSONVILLE, INC.



Principal Place of Business Mailing Address  
RAMBACH, BRENDA  
3601 CARDINAL POINT DRIVE  
JACKSONVILLE FL 32257-5582  
US

3. Date Incorporated or Qualified 10/09/1991  
3a. Date of Last Report 04/19/1996

2. Principal Place of Business 2a. Mailing Address  
21 Shari Weitzner/Grove House 26 1054 Kings Ave.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 1054 Kings Ave 27  
City & State City & State  
23 Jacksonville FL 28 Jacksonville, FL  
Zip Country Zip Country  
24 32207 25 US 29 32207 30 US

4. FEI Number 59-3087085 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
KOEGLER, STEVEN C.  
10151 DEERWOOD PARK BLVD  
BLDG 100 SUITE 200  
JAX FL 32256

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	WEITZNER, JEFFREY	
STREET ADDRESS	3429 BEAUCLERE RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WEITZNER, SHARI M.	
STREET ADDRESS	3429 BEAUCLERE RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROWLAND, DUANE	
STREET ADDRESS	4705 EXEKER LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HORN, KENNETH DR.	
STREET ADDRESS	2925 BEAUCLERC ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TRU	<input type="checkbox"/> DELETE
NAME	CARLUCCI, MATT	
STREET ADDRESS	4251 GREAT OAKS LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	TRU	<input type="checkbox"/> DELETE
NAME	KATZ, CAROLE	
STREET ADDRESS	2243 SARAGOSSA AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32217	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rena Pies	
1.3 STREET ADDRESS	3219 Woodgrove Rd	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rose Jackson	
2.3 STREET ADDRESS	2626 Spreading Oaks Dr	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	W. Ward Rainie	
3.3 STREET ADDRESS	4190 Belfort Rd.	
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: Rena S. Pies Date: January 6, 1997 (904) 642-8326

CR2E037 (9/96)