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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N45570

1. Corporation Name

GROVE HOUSE OF JACKSONVILLE, INC.

Principal Place of Business

% SHARI WEITZNER/GROVE HOUSE  
1054 KINGS AVE.  
JACKSONVILLE FL 32207  
US

Mailing Address

1054 KINGS AVE.  
3601 CARDINAL POINT DRIVE  
JACKSONVILLE FL 32207  
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1054 Kings Ave.

3. Date Incorporated or Qualified  
10/09/1991

4. FEI Number  
59-3087085

Applied For  
Not Applicable

23 City & State

27 City & State

24 Zip Country

28 Jacksonville, FL  
29 32207 30 U.S.A.

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME PIES, RENA  
STREET ADDRESS 8219 WOODGROVE RD.  
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD  DELETE  
NAME JACKSON, ROSE  
STREET ADDRESS 2626 SPREADING OAKS DR.  
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE STD  DELETE  
NAME RAINNIE, WARD W.  
STREET ADDRESS 76 S LAURA ST SUITE 500  
CITY-ST-ZIP JACKSONVILLE FL 32202

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TRU  DELETE  
NAME CARLUCCI, MATT  
STREET ADDRESS 4251 GREAT OAKS LANE  
CITY-ST-ZIP JACKSONVILLE FL 32207

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

TITLE TRU  DELETE  
NAME KATZ, CAROLE  
STREET ADDRESS 6711 LINFORD LN  
CITY-ST-ZIP JACKSONVILLE FL 32217

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
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)(l), 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

Shari Weitzner 1/9/99 904-346-1220

Date

Daytime Phone #

CR2E037 (1/98)