


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90032 017 \*\*\*\*61.25

<b>DOCUMENT # N45570</b> 1. Entity Name <b>GROVE HOUSE OF JACKSONVILLE, INC.</b>		
Principal Place of Business <b>2700 UNIVERSITY BLVD W #A1 JACKSONVILLE FL 32217 US</b>	Mailing Address <b>2700 UNIVERSITY BLVD W #A1 JACKSONVILLE FL 32217 US</b>	
2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip



MOORE CR2E037 (11/03)

4. FEI Number <b>59-3087085</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>KOEGLER, STEVEN C. 10151 DEERWOOD PARK BLVD BLDG 100 SUITE 200 JAX FL 32256</b>	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOORE, PAUL T <input checked="" type="checkbox"/> Delete 2098 ORANGE PICKERS RD. JACKSONVILLE FL 32223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MCCARTY, DAVIS 308 ROYAL TERN ROAD PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete GARTLAND, MAUREEN 1750 STOCKTON STREET JACKSONVILLE FL 32204	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP(S)/D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARILYN DESSER 4122 MIZNER CIRCLE SOUTH JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M <input checked="" type="checkbox"/> Delete WEITZER, SHERI 3429 BEAUCLERC ROAD JACKSONVILLE FL 32257	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CAROLINE MILLER 4446 HENDRICKS AVE # 201 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Delete SMITH, STEVE R 4012 ORTEGA FOREST DRIVE JACKSONVILLE FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SHANNON NAZWORTH 144 MEADOW AVENUE ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  Shannon Nazworth      2/24/04 (904) 730-3811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #