

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 10, 2005
Secretary of State**

DOCUMENT# N45570

Entity Name: GROVE HOUSE OF JACKSONVILLE, INC.

Current Principal Place of Business:

2700 UNIVERSITY BLVD W
#A1
JACKSONVILLE, FL 32217 US

New Principal Place of Business:

Current Mailing Address:

2700 UNIVERSITY BLVD W
#A1
JACKSONVILLE, FL 32217 US

New Mailing Address:

FEI Number: 59-3087085 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOEGLER, STEVEN C.
10151 DEERWOOD PARK BLVD
BLDG 100 SUITE 200
JAX, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCARTY, DAVIS
Address: 308 ROYAL TERN ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VPSD () Delete
Name: DESSER, MARILYN
Address: 4122 MIZNER CIRCLE SOUTH
City-St-Zip: JACKSONVILLE, FL 32217

Title: TD () Delete
Name: MILLER, CAROLINE
Address: 4446 HENDRICKS AVE #221
City-St-Zip: JACKSONVILLE, FL 32207

Title: M () Delete
Name: NAZWORTH, SHANNON
Address: 144 MEADOW AVENUE
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANNON NAZWORTH

M

01/10/2005

Electronic Signature of Signing Officer or Director

Date