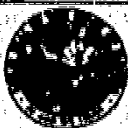


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004655 (6)

1. Corporation Name

THE GROVES FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/19/1994
3a. Date of Last Report

4. FBI Number 65-0522398
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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

Mailing Address

17466 INGLEWOOD AVE.
PORT CHARLOTTE FL 33954

17466 INGLEWOOD AVE.
PORT CHARLOTTE FL 33954

21. Suite, Apt. #, etc.

2a. Mailing Address

22. City & State

26. Suite, Apt. #, etc.

23. Zip

27. City & State

24. Country

28. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOOD, JAMES F
17466 INGLEWOOD AVE.
PORT CHARLOTTE FL 33954

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME WOOD, JAMES
STREET ADDRESS 17466 INGLEWOOD AVE.
CITY-ST-ZIP PORT CHARLOTTE FL 33954

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

TITLE D
NAME DEMAIO, JAMES
STREET ADDRESS 17352 TERRY AVE.
CITY-ST-ZIP PORT CHARLOTTE FL 33948

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

TITLE D
NAME MCCORMICK, DEBORAH
STREET ADDRESS 12209 SW KINGSWAY CIRCLE
CITY-ST-ZIP LAKE SUZY FL 33821

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

TITLE D
NAME DROBNIE, JOAN
STREET ADDRESS 6798 GASPARILLA PINES BLVD.
CITY-ST-ZIP ENGLEWOOD FL 34224

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

TITLE D
NAME O'BRIEN, LADD
STREET ADDRESS 18385 SHADOWAY AVE.
CITY-ST-ZIP PORT CHARLOTTE FL 33948

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

TITLE D
NAME KENNEY, SUE
STREET ADDRESS P.O. BOX 572 N/A
CITY-ST-ZIP MURDOCK FL 33838

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Ladd W. O'Brien
Ladd W. O'Brien

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-95, 813-629-4544

Date Daytime Phone #