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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # N94000004655 (6)

1. Corporation Name

THE GROVES FOUNDATION, INC.

Principal Place of Business	Mailing Address
17466 INGLEWOOD AVE. PORT CHARLOTTE FL 33954	17466 INGLEWOOD AVE. PORT CHARLOTTE FL 33954

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1994
3a. Date of Last Report:
4. FEI Number: 65-0522398 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	WOOD, JAMES	1.2 NAME	
STREET ADDRESS	17466 INGLEWOOD AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	DEMAIO, JAMES	2.2 NAME	
STREET ADDRESS	17352 TERRY AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MCCORMICK, DEBORAH	3.2 NAME	
STREET ADDRESS	12209 SW KINGSWAY CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE SUZY FL 33821	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	DROBNIE, JOANI	4.2 NAME	
STREET ADDRESS	6796 GASPARILLA PINES BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 34224	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	O'BRIEN, LADD	5.2 NAME	
STREET ADDRESS	18385 SHADOWAY AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	KENNEY, SUE	6.2 NAME	
STREET ADDRESS	P.O. BOX 572 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	MURDOCK FL 33938	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 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 Ladd W. O'Brien 4-21-95 813-629-4544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Ladd W. O'Brien

0082148