


FILE NOW: FILING FEE IS \$61.25

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Aug 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT • 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33954-1607

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 17352 Terry Ave		26 1735 Terry Ave		09/19/1994		04/03/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0522398		Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Port Charlotte FL		28 Port Charlotte FL		<input type="checkbox"/>		<input type="checkbox"/>	
24 Zip		25 Country		6. Election Campaign Financing		5.00 May Be Added to Fees	
24 33948		25 USA		Trust Fund Contribution		<input type="checkbox"/>	
29 Zip		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
29 33948		30 USA		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 James De Maio			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				82 17352 Terry Ave			
				83			
				84 City Port Charlotte FL 85 Zip Code 33948			

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 *James De Maio* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Don Baird D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WOOD, JAMES			1.2 NAME	21072 Denise Ave		
STREET ADDRESS	17466 INGLEWOOD AVE.			1.3 STREET ADDRESS	Port Charlotte 33952		
CITY-ST-ZIP	PORT CHARLOTTE FL 33954			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	Sherri Gossett D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DEMAIO, JAMES			2.2 NAME	233 Rockwood		
STREET ADDRESS	17352 TERRY AVE.			2.3 STREET ADDRESS	Port Charlotte 33952		
CITY-ST-ZIP	PORT CHARLOTTE FL 33948			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	ANN BAST D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LEIDICH, JOM			3.2 NAME	Northport, FL		
STREET ADDRESS	21328 DEERBORN AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE FL			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DROBIE, 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	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEVIN, JOAN			5.2 NAME			
STREET ADDRESS	25188 MARION AVE #1023			5.3 STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA FL			5.4 CITY-ST-ZIP			
TITLE	# T	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ASHKIN, ABE			6.2 NAME			
STREET ADDRESS	3824 AVES ISLAND CT			6.3 STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA FL			6.4 CITY-ST-ZIP			

14. I do 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 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 *James De Maio* 4/22/97

CR2E037 (9/96)