FILE NOW: FILING FEE IS \$61.25

* NOMPROFIT **CORPORATION ANNUAL REPORT**

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

l	JAL REPORT	Secretary of	of State 🕴 🔍	Secretary	of State
1998 DIVISION OF CORPORATIONS					of State
DOCUMENT # N9400004655 (6)					
THE GROVES FOUNDATION, INC.					BALL BALL BASIS BALS BALS AND AND AND ADDRESS OF THE ADDRESS OF TH
Principal Place of Business Mailing Address				T TODANG BUT OFFICE FIGURERAL BRIDE BOTT BOTT BOTT BOTT BOTT BOTT BOTT BOT	OTEC BOKER BEDDEN BEIDEN BEKEN HORD
17352 TERRY AVE 1735 TERRY AVE				3. Date Incorporated or Qualified	
PORT CHARLOTTE FL 33948 PORT CHARLOTTE FL 33948 US US				09/19/1994	
				4. FEI Number 65-0522398	Applied For Not Applicable
2. Principal F	Place of Business /	2a. Mailing Address			60.75
21 1777	Tamiami Truil	28 1777 Tam	iami Trai	/	Fee Required
Suite, Apt. 22 Sul1	#, etc.	Suite, Apt. #, etc.	14	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State City & State				7. Is this nonprofit corporation a homeo	wners association?
23 /001	Charlette FL.	28 PORT MANG	Ste FL Country	☐ Ye	
24 3399	18 25 USA	20 3 3 948 30		 This corporation owes or has paid the Personal Property Tax due June 30. 	e current year Intangible Yes No
	9. Name and Address of Current			10. Name and Address of New Registe	ered Agent
				Sonald N. BAIRD	
				dress (P.O. Box Number is Not Acceptable)	
PORT CHARLOTTE FL 33948					
84 ChyPort				+ Charletta	E 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporate				proporation submits this statement for the purpo	FL 33952 se of changing its registered
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	1 28n1111 11	and _		4/	22/98
12.	Signature, typed or professioname of regretated agent		egistered Agent signature re-	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	. Vill President	DELETE	1.1 TITLE	Sachelary	Change 🔀 Addition
NAME	BAIRD, DON			BLADES THINYA 148 WIHELM DR	
STREET ADORESS CITY-ST-ZIP	21072 DENISE AVE PORT CHARLOTTE FL		1.0 OTHECT PEDINESS [ENGLEWOOD FL 34223	,
TITLE	D	M DELETE	2.1 TOTLE	,	Change Addition
NAME	DEMAIO, JAMES		2.2 NAME	McCormick, Deborah	
STREET ADDRESS	17352 TERRY AVE. PORT CHARLOTTE FL 33948		2.3 STREET ADDRESS	11673 SW Thornton Breadia, FL 34266	
CITY-ST-ZIP TITLE	D	DELETE	2 4 CITY-ST-ZIP 31 TITLE		Change Addition
NAME	COSSET SHERRI		32 NAME	CLARKE NANCY]
STREET ADDRESS	299 ROCKWOOD		3.3 STREET ADDRESS	514 Sandewood Dr	
CITY-ST-ZWP TITLE	PORT CHARLOTTE LF	☐ DELETE	3.4. CITY-ST-ZIP	lenice, FL 34293	☐ Change
NAME	LEVIN, JOAN		- I	asald, Laz	
STREET ADORESS	25188 MARION AVE #1023		4.3 STREET ADDRESS 🖋	20. Box 15026	_
CITY-ST-ZIP	PUNTA GORDA FL	DELETE		arasota, FL 34277-1026	Change X Addition
TITLE NAME	ASHKIN, ABE	Mail Decree	5.1 TITLE 5.2 NAME	me Gill, Felicia	
STREET ADDRESS	3824-AVES-ISLAND CT				1
CITY-ST-ZIP	#UNTA GORDA FE		5.4 CITY-ST-ZIP	1530 Kensington St G Charlotte Fi 33952	A
TITLE	Trensurer Luce	DELETE	P. I IIITE IN	•	Change Addition
NAME STREET ADDRESS	Frank BROCK, JULIA 482 Reading St		6.3 STREET ADDRESS	Mirochine, Laurie 2775 N. Beach	İ
CITY - ST - ZIP	PORT CHARLOTTE, FL 33	3952		Engkwood, FL 34223	
14. Thereby	certify that the information supplied with	h this filing does not qualify for t	he exemption stated	in Section 119 07(3)(i) Florida Statutas, Liurth	er certify that the information

remove the information supplied with this hing does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. 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 it changed, or on an attachment with an addiess.

1-941-624-3335

FILED

Apr 30 1998 8:00am