

**FILED**  
**Jul 29, 1999 8:00 am**  
**Secretary of State**

07-29-1999 90023 004 \*\*\*\*70.00

5 8 8 4 3  
598493 - 90023 - 9 3 \*



<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N94000004655</b> ✓			
1. Corporation Name <b>THE GROVES FOUNDATION, INC.</b>			
Principal Place of Business 1777 TAMiami TrL 5014 PT CHARLOTTE FL 33948 US		Mailing Address 1777 TAMiami TrL 5014 PT CHARLOTTE FL 33948 US	

2. Principal Place of Business 21 <b>905 RHODES AVE</b>		2a. Mailing Address 26 <b>905 RHODES AVE.</b>		3. Date Incorporated or Qualified <b>09/19/1994</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <b>65-0522398</b> Applied For Not Applicable	
City & State 23 <b>SARASOTA FL.</b>		City & State 28 <b>SARASOTA FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip 24 <b>34237</b> 25 <b>US</b>		Zip 29 <b>34237</b> 30 <b>US</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>BAIRD, DONALD N</b> <b>21072 DENISE AVE</b> <b>PORT CHARLOTTE FL 33952</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP/T	<input type="checkbox"/> DELETE		1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAIRD, DON			1.2 NAME			
STREET ADDRESS	21072 DENISE AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE FL			1.4 CITY-ST-ZIP			
TITLE	TR	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCCORMICK, DEBORAH			2.2 NAME	LABZLO		
STREET ADDRESS	11673 SW THORNTON			2.3 STREET ADDRESS	905 RHODES AVE.		
CITY-ST-ZIP	ARCADIA FL 34266			2.4 CITY-ST-ZIP	SARASOTA, FL 34237-8625		
TITLE	TR	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CLARKE, NANCY			3.2 NAME	ROSEMARY CANNON		
STREET ADDRESS	514 SANDLEWOOD DR			3.3 STREET ADDRESS	355 AVENIDA DE PARAISO		
CITY-ST-ZIP	VENICE FL 34293			3.4 CITY-ST-ZIP	SARASOTA, FL 34242		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEVIN, JOAN			4.2 NAME	JOYCE PIECUCH		
STREET ADDRESS	25188 MARION AVE #1023			4.3 STREET ADDRESS	4918 CHERRY LAUREL WAY		
CITY-ST-ZIP	PUNTA GORDA FL			4.4 CITY-ST-ZIP	SARASOTA, FL 34241		
TITLE	TR	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCGILL, FELICIA			5.2 NAME	JULIA BROCK		
STREET ADDRESS	1530 KENSINGTON ST			5.3 STREET ADDRESS	482 READING ST.		
CITY-ST-ZIP	PT CHARLOTTE FL 33952			5.4 CITY-ST-ZIP	PT CHARLOTTE, FL 33952		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

7-22-99

941-906-7888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)