

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 16, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000003406**

1. Entity Name

**GREATER PINEY GROVE DEVELOPMENT CORPORATION, INC.**



Principal Place of Business

**112 HUEY STREET  
WILDWOOD FL 34785**

Mailing Address

**112 HUEY STREET  
WILDWOOD FL 34785**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/06)

4. FEI Number  
**59-3449280**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CHANDLER, ARTHUR J REV.  
112 HUEY STREET  
WILDWOOD FL 34785**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME CHANDLER, ARTHUR J REV.  
STREET ADDRESS 112 HUEY STREET  
CITY - ST - ZIP WILDWOOD FL 34785

TITLE SD ☐ Delete  
NAME DEVEAN, VONCIA  
STREET ADDRESS 703 ROSS ST  
CITY - ST - ZIP WILDWOOD FL 34785

TITLE TD ☐ Delete  
NAME JOHNSON, LARRY B  
STREET ADDRESS 2995 W MAIN ST  
CITY - ST - ZIP LEESBURG FL 34749

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**000000574502  
08/16/06-80005-002 61.25**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dr. Arthur J. Chandler* **Dr. ARTHUR J. CHANDLER 7-31-06**

**352-361-9475**