

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

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000004943

1. Entity Name

GRANDVILLE'S GROUP HOME, INC.



Principal Place of Business

5114 SW 63RD BLVD
GAINESVILLE FL 32608

Mailing Address

P. O. BOX 5721
GAINESVILLE FL 32627



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3593840

Applied For

Not Applied

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOSTON, CHERYL
616 NW 99TH TERR.
GAINESVILLE FL 32607

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

Cheerl Boston, Director

01-30-06

Signature, typed or printed name of registered agent and title is acceptable

Registered Agent signature required when resigning

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS BOSTON, CHERYL A
CITY-STATE-ZIP 616 NW 99TH TERR
GAINESVILLE FL 32607

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP 000000459750
03/18/06-80045-015 01.25

TITLE ☐ Delete
NAME V
STREET ADDRESS JOHNSON, BARABARA
CITY-STATE-ZIP 5114 SW 63RD BLVD
GAINESVILLE FL 32608

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS CAMPBELL, GEORGE
CITY-STATE-ZIP 5114 SW 63RD BLVD
GAINESVILLE FL 32608

TITLE ☐ Change ☐ Add
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CITY-STATE-ZIP

TITLE ☐ Delete
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Add
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TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

Cheerl Boston

01-30-06

359-204-2688