


DOCUMENT # **P97000097258**

1. Entity Name

**GROVE FAMILY CHILD CARE, INC.**

[illegible]

Principal Place of Business	Mailing Address
626 ALTON ROAD WINTER SPRINGS FL 32708	626 ALTON ROAD WINTER SPRINGS FL 32708

2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number <b>59-3478149</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
				Applied For Not Applicable	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
<b>GROVE, LEANNE M</b> <b>626 ALTON ROAD</b> <b>WINTER SPRINGS FL 32708</b>	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL Zip Code

SIGNATURE _____			
Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reissuing)	DATE	

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</p>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2001 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p><b>\$5.00</b> May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> <b>P</b> <b>GROVE, L M</b> <b>626 ALTON RD</b> <b>WINTER SPGS FL 32708</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 607, Florida Statutes; and that my name appears in Block #1 or Block #2 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leanne M. Grove, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Leanne M. Grove

4-26-01 407 327-1607  
Date Eastern Phone #

CR2E034 (10/00)