

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000007946

**Entity Name:** GROVES FAMILY FOUNDATION INC.

**Current Principal Place of Business:**

2525 PONCE DE LEON BOULEVARD  
SUITE 300  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2525 PONCE DE LEON BOULEVARD  
SUITE 300  
CORAL GABLES, FL 33134 US

**FEI Number:** 81-3577428

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DORBEN CORPORATE SERVICES, LLC  
20295 NE 29TH PLACE  
SUITE 201  
AVENTURA, FL 33180 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PTD  
Name GROVES, GRAHAM  
Address 801 VALENCIA AVE  
City-State-Zip: CORAL GABLES FL 33134

Title SD  
Name GROVES, MARGARET M  
Address 801 VALENCIA AVE  
City-State-Zip: CORAL GABLES FL 33134

Title VD  
Name GROVES, GENE  
Address 429 NORTH SALEM ROAD  
City-State-Zip: RIDGEFIELD CT 06877

Title VD  
Name GROVES CAMPBELL, GAYLE  
Address NEW HAMPTON PLACE  
City-State-Zip: FT MYERS FL 33912

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GROVES , GRAHAM

**PRESIDENT**

**02/06/2023**

Electronic Signature of Signing Officer/Director Detail

Date