FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 10:44

DOCUMENT # **N16171** **(3)**

1. Corporation Name
GARDEN GROVE ASSEMBLY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 7668 WINTER HAVEN FL 33883-7668	P.O. BOX 7668 WINTER HAVEN FL 33883-7668

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/01/1986**
3a. Date of Last Report: **02/14/1994**
4. FEI Number: **59-2238064** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

COLLINS, CHARLES E
617 ORANGE STREET
AUBURNDALE FL 33823

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P = T	☐ Change ☐ Addition
NAME	MEADOWS, JEFF	12 NAME		
STREET ADDRESS	1717 35TH STREET N.W.	13 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	14 CITY-ST-ZIP		
TITLE	VP	21 TITLE	V.P. = T	☐ Change ☐ Addition
NAME	MULKEY, STEVE	22 NAME		
STREET ADDRESS	7070 ROBIN ROAD	23 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL	24 CITY-ST-ZIP		
TITLE	T	31 TITLE	T - T	☐ Change ☐ Addition
NAME	COLLINS, CHARLES E.	32 NAME		
STREET ADDRESS	617 ORANGE STREET	33 STREET ADDRESS		
CITY-ST-ZIP	AUBURNDALE FL	34 CITY-ST-ZIP		
TITLE	S	41 TITLE	S - T	☐ Change ☐ Addition
NAME	STRINGER, RAYMOND L.	42 NAME		
STREET ADDRESS	492 HEATHER CT.	43 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Charles E. Collins Charles E. Collins 1-20-95 813-294-5484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)
Sec & Treas

D068764