

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N16171** (3)

1. Corporation Name

GARDEN GROVE ASSEMBLY, INC.



Principal Place of Business

P.O. BOX 7668
WINTER HAVEN FL 33883-7668

Mailing Address

P.O. BOX 7668
WINTER HAVEN FL 33883-7668

3. Date Incorporated or Qualified
08/01/1986

3a. Date of Last Report
03/30/1995

2. Principal Place of Business

2a. Mailing Address

21 **3379**

26 **P.O. Box 7668**

4. FEI Number
59-2238064

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Cypress Gardens Rd.**

27 **WINTER HAVEN FL**

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

City & State

City & State

23 **Winter Haven FL**

28 **WINTER HAVEN FL**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **33880**

25 **US**

29 **33883-7668**

30 **US**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLLINS, CHARLES E
617 ORANGE STREET
AUBURNDALE FL 33823**

81 Name **Raymond L. Stringer**

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

492 Heather Ct.

83

84 City **Bartow**

FL

85 Zip Code **33830**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Raymond L. Stringer

(NOTE: Registered Agent Signature required when reinstalling)

DATE **4-25-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PT** ☒ DELETE
NAME **MEADOWS, JEFF**
STREET ADDRESS **1717 35TH STREET N.W.**
CITY-ST-ZIP **WINTER HAVEN FL**

1.1 TITLE **Shelby N. LAMIER JR.** ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS **1206 Galloway Rd**
1.4 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **VPT** ☐ DELETE
NAME **MULKEY, STEVE**
STREET ADDRESS **7070 ROBIN ROAD**
CITY-ST-ZIP **BARTOW FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TT** ☐ DELETE
NAME **COLLINS, CHARLES E.**
STREET ADDRESS **617 ORANGE STREET**
CITY-ST-ZIP **AUBURNDALE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **ST** ☐ DELETE
NAME **STRINGER, RAYMOND L.**
STREET ADDRESS **492 HEATHER CT.**
CITY-ST-ZIP **BARTOW FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

Raymond L. Stringer

Date

Daytime Phone #

CR2E037 (12/95)