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FILED

Mar 10 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

3379 CYPRESS GARDENS RD  
WINTER HAVEN FL 33880  
USP.O. BOX 7668  
WINTER HAVEN FL 33883-7668

3. Date Incorporated or Qualified

08/01/1986

3a. Date of Last Report

04/30/1996

4. FEI Number

59-2238064

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 3379 Cypress Gardens Rd  
Suite, Apt. #, etc.26 P.O. Box 7668  
Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23 WINTER HAVEN FL

28 WINTER HAVEN FL

Zip

Country

Zip

Country

24 33880

25

U.S.

29 33883

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRINGER, RAYMOND L  
492 HEATHER CTR  
BARTOW FL 33830

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT ☐ DELETE  
NAME LANIER, SHEBLY JR  
STREET ADDRESS 1206 GALLOWAT RD  
CITY-ST-ZIP LAKELAND FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE VPT ☐ DELETE  
NAME MULKEY, STEVE  
STREET ADDRESS 7070 ROBIN ROAD  
CITY-ST-ZIP BARTOW FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE TT ☐ DELETE  
NAME COLLINS, CHARLES E.  
STREET ADDRESS 617 ORANGE STREET  
CITY-ST-ZIP AUBURNDALE FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE ST ☐ DELETE  
NAME STRINGER, RAYMOND L.  
STREET ADDRESS 492 HEATHER CT.  
CITY-ST-ZIP BARTOW FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0084820

CR2E037 (9/96)