

FILE NOW: FILING FEE IS \$61.25

FILED  
May 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Matheson</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N16171** (3)

1. Corporation Name

**GARDEN GROVE ASSEMBLY, INC.**



Principal Place of Business <b>3379 CYPRESS GARDENS RD WINTER HAVEN FL 33880 US</b>	Mailing Address <b>P.O. BOX 7688 WINTER HAVEN FL 33883 US</b>
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3. Date Incorporated or Qualified

**08/01/1986**

4. FEI Number

**59-2238064**

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

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

**MARK A. LITTLE**

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

**620 CORTEZ ST.**

83

84 City

**LAKE LAND**

**FL**

85 Zip Code

**33813**

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



**MARK A. LITTLE**

**5-20-98**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LANIER, SHEBLY JR</b>	
STREET ADDRESS	<b>1206 GALLOWAT RD</b>	
CITY-ST-ZIP	<b>LAKE LAND FL</b>	

TITLE	<b>VPT</b>	<input type="checkbox"/> DELETE
NAME	<b>MULKEY, STEVE</b>	
STREET ADDRESS	<b>7070 ROBIN ROAD</b>	
CITY-ST-ZIP	<b>BARTOW FL</b>	

TITLE	<b>TT</b>	<input type="checkbox"/> DELETE
NAME	<b>COLLINS, CHARLES E.</b>	
STREET ADDRESS	<b>617 ORANGE STREET</b>	
CITY-ST-ZIP	<b>AUBURNDAL FL</b>	

TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>STRINGER, RAYMOND L.</b>	
STREET ADDRESS	<b>492 HEATHER CT.</b>	
CITY-ST-ZIP	<b>BARTOW FL</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>P/D/C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>LITTLE, MARK A.</b>	
1.3 STREET ADDRESS	<b>620 CORTEZ ST.</b>	
1.4 CITY-ST-ZIP	<b>LAKE LAND, FL. 33813</b>	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

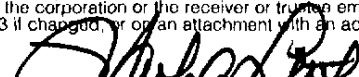
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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



**MARK A. LITTLE**

**4/20/98**

**324-7880**

CR2E037 (10/97)