FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 04, 1999 8:00 am § Secretary of State

03-04-1999 90232 010 ****61.25

DOCUMENT # N16171

1. Corporation Name

GARDEN GROVE ASSEMBLY, INC.							
Principal Place of Business 3379 CYPRESS GARDENS RD WINTER HACEN FL 33880 US Mailing Address P.O. BOX 7668 WINTER HAVEN FL 33883 US				<u>,</u>			
2. Principal Pi	ace of Business	2a. Mailing Address			3. Date incorporated or Qualifed 08/01/1986		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>		4. FEI Number 59-2238064	Applied For Not Applicable	
City & State		City & State			5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
Zip 24	Country 25	Zip Cour		,	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
	9. Name and Address of Curre		1		10. Name and Address of New Registered	Agent	
			81	Name			
LITTLE, MARK A.				6	dress (P.O. Box Number is Not Acceptable)		
620 CORTEZ ST				Street Add	ress (P.O. Box Number is Not Acceptable)		
LAKELAND FL 33813			83	 	The state of the s		
CANELAIN	J FE 33013				The state of the second	- Fire Land	
			84	City	FL	85 Zip Code	
office or r	to the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was auth	nonzed by	the corbora	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoin	changing its registered intment as registered	
SIGNATURE		and and title if analisable (NOTE: Pe	agistered Age	nt signature requi	ired when reinstating) DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Rec 12. OFFICERS AND DIRECTORS			13.	it allietore voder	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
TITLE	PDC	☐ DELETE	1.1 TITLE	<u> </u>		Change Addition	
NAME	LITTLE, MARK A.		1.2 NAME	-			
STREET ADDRESS	620 CORTEZ ST		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33813		1.4 CITY-5	T-ZIP	<u> </u>		
TITLE	VPT	☐ DELETE 2.1				☐ Change ☐ Addition	
NAME	MULKEY, STEVE 22		2.2 NAME				
STREET ADDRESS	TOTO DODUL DOLD		2.3 STREE	TADDRESS		}	
CITY-ST-ZIP	- 10-01 · 1		2. 4 CITY-	ST-ZIP		<u> </u>	
TITLE	TT	[] DELETE	3.1 TITLE			☐ Change ☐ Addition	
NAME			3.2 NAME	- 1			
STREET ADDRESS	ALT OR MOR OTHERT		3.3 STREET ADDRESS		-	-	
CITY-ST-ZIP	AUBURNDALE FL		3.4, CITY-	ST-ZIP			
TITL III	ČT .	DELETE	ATTITLE			Change Addition	

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 changes, or on an attachment with an address, with all other like empowered.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CSTY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STRINGER, RAYMOND L.

492 HEATHER CT.

BARTOW FL

☐ DELETE

DELETE

DELETE

Change

☐ Change

☐ Addition

☐ Addition