

DOCUMENT # N16171

1. Entity Name

GARDEN GROVE ASSEMBLY, INC.

Principal Place of Business

3379 CYPRESS GARDENS RD  
WINTER HAVEN FL 33880  
US

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2238064

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LITTLE, MARK A.  
620 CORTEZ ST  
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name

ANDREW H. PERMENTER

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

3379 CYPRESS GARDENS RD

City

WINTER HAVEN

FL

Zip Code

33880

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Andrew H. Permenter*

ANDREW H. PERMENTER

4/10/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PDC ☐ Delete  
NAME LITTLE, MARK A.  
STREET ADDRESS 620 CORTEZ ST  
CITY-ST-ZIP LAKELAND FL 33813

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE:

*Andrew H. Permenter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW H. PERMENTER

Date

4/10/00

Daytime Phone #

863

686-1738

FILED  
Apr 24, 2000 8:00 am  
Secretary of State

04-24-2000 90122 009 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)