

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16171

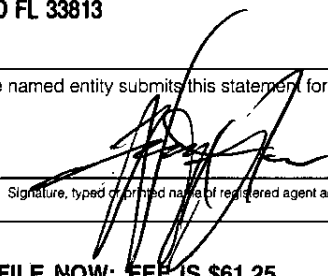
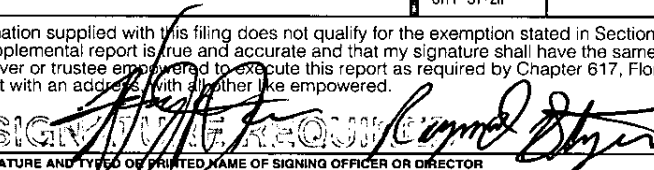
1. Entity Name

GARDEN GROVE ASSEMBLY, INC.

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90156 034 ****70.00

0083154

| | | | |
|--|--|--|---|
| Principal Place of Business 3379 CYPRESS GARDENS RD WINTER HAVEN FL 33880 US | | Mailing Address P.O. BOX 7668 WINTER HAVEN FL 33883 US | |
| 2. Principal Place of Business | | 3. Mailing Address 6039 CYPRESS GARDENS BLVD # 410 WINTER HAVEN FL 33884-4115 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | | Zip | |
| Country | | Country | |
| 4. FEI Number 59-2238064 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent PERMENTER, ANDREW H 5424 KINGSMONT CT LAKELAND FL 33813 | | 7. Name and Address of New Registered Agent Wayne H. Lee 5698 Summerland Hills South Lakeland FL 33801 | |
| 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  | | DATE 3-17-02 | |
| FILE NOW: FEE IS \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | Make Check Payable to Department of State | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDC PERMENTER, ANDREW H 5424 KINGSMONT CT LAKELAND FL 33813 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDC Lee, Wayne H. 5698 Summerland Hills South Lakeland, FL 33801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT MULKEY, STEVE 7070 ROBIN ROAD BARTOW FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TT COLLINS, CHARLES E. 617 ORANGE STREET AUBURNDALE FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST STRINGER, RAYMOND L. 492 HEATHER CT. BARTOW FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President Lee, Sherry 5698 Summerland Hills South Lakeland, FL 33801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 another like empowered. | | | |
| SIGNATURE:  | | DATE 3-17-02 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # 863-3247880 | |

CR2E037 (9/01)