


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N16171 1. Entity Name GARDEN GROVE ASSEMBLY, INC.	
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Principal Place of Business 3379 CYPRESS GARDENS RD WINTER HAVEN, FL 33880 US	Mailing Address 6039 CYPRESS GARDENS BLVD # 410 WINTER HAVEN, FL 33884-4115 US
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DO NOT WRITE IN THIS SPACE



02092004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2238064	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEE, WAYNE H 5698 SUMMERLAND HILLS SOUTH LAKELAND, FL 33801	DO NOT WRITE IN THIS SPACE
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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. I am familiar with, and accept the obligations of registered agent.


SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000049667 02/13/04-80032-015 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC LEE, WAYNE H 5698 SUMMERLAND HILLS SOUTH LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MULKEY, STEVE 7070 ROBIN ROAD BARTOW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT COLLINS, CHARLES E. 617 ORANGE STREET AUBURNDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STRINGER, RAYMOND L. 492 HEATHER CT. BARTOW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEE, SHERRY 5698 SUMMERLAND HILLS SOUTH LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE:  **2-10-04** **863-287-9556**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
RAYMOND L. STRINGER