

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 21, 2005 08:00 AM  
Secretary of State

DOCUMENT # N16171

1. Entity Name  
GARDEN GROVE ASSEMBLY, INC.



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



04172005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

LEE, WAYNE H  
5698 SUMMERLAND HILLS SOUTH  
LAKELAND, FL 33801

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDC
NAME	LEE, WAYNE H
STREET ADDRESS	5698 SUMMERLAND HILLS SOUTH
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	VPT
NAME	MULKEY, STEVE
STREET ADDRESS	7070 ROBIN ROAD
CITY-ST-ZIP	BARTOW, FL
TITLE	TT
NAME	COLLINS, CHARLES E.
STREET ADDRESS	617 ORANGE STREET
CITY-ST-ZIP	AUBURNDALE, FL
TITLE	ST
NAME	STRINGER, RAYMOND L.
STREET ADDRESS	492 HEATHER CT.
CITY-ST-ZIP	BARTOW, FL
TITLE	VP
NAME	LEE, SHERRY
STREET ADDRESS	5698 SUMMERLAND HILLS SOUTH
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000321004  
04/21/05-80057-025 70.00

**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)(f), 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:

*Raymond L. Stringer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-05

863-287-9556

Date

Daytime Phone #