2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

09-1 -2006 90001 048 ****70.00

N16171

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16171

1. Entity Name
GARDEN GROVE ASSEMBLY, INC.

Principal Place of Business	Mailing Address
3379 CYPRESS GARDENS RD WINTER HACEN, FL 33880 US	6039 CYPRESS GARDENS BLVD # 410 WINTER HAVEN, FL 33884-4115 US

05172006 Chg-NP CR2E037 (4/06)

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	7. Name and Address of New Registered Agent
LEE, WAYNE H 5698 SUMMERLAND HILLS SOUTH LAKELAND, FL 33801	Name John F Hawley Street Address (P.O. Box Number is Not Acceptable) 2013 Misty Morning DR 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X John F. Hawley PDC 9-6-06
(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 September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDC LEE, WAYNE H 5698 SUMMERLAND HILLS SOUTH LAKELAND, FL 33801	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDC Hawley, John F. 2013 Misty Morning Dr. Winter Haven, FL 33880	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT MULKEY, STEVE 7070 ROBIN ROAD BARTOW, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT COLLINS, CHARLES E. 617 ORANGE STREET AUBURNDALE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST STRINGER, RAYMOND L. 492 HEATHER CT. BARTOW, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST Stringer, Raymond L. 492 Heather Ct. Bartow, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LEE, SHERRY 5698 SUMMERLND HILLS SOUTH LAKELAND, FL 33801	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Radney, Bill 146 Mariam Ct. Winter Haven, FL 33884	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Hawley, Sheri 2013 Misty Morning Dr. Winter Haven, FL 33880	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X [signature] 9-6-06 863 287-9556
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #