

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16171

FILED
Feb 19, 2009
Secretary of State

Entity Name: GARDEN GROVE ASSEMBLY, INC.

Current Principal Place of Business:

3379 CYPRESS GARDENS RD
WINTER HACEN, FL 33880 US

New Principal Place of Business:

3379 CYPRESS GARDENS RD
WINTER HAVEN, FL 33884 US

Current Mailing Address:

6039 CYPRESS GARDENS BLVD
410
WINTER HAVEN, FL 338844115 US

New Mailing Address:

FEI Number: 59-2238064 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAWLEY, JOHN F
2013 MISTY MORNING DR.
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDC () Delete
Name: HAWLEY, JOHN F
Address: 2013 MISTY MORNIG DR.
City-St-Zip: WINTER HAVEN, FL 33880

Title: VPT () Delete
Name: MULKEY, STEVE
Address: 7070 ROBIN ROAD
City-St-Zip: BARTOW, FL

Title: TT () Delete
Name: COLLINS, CHARLES E.,
Address: 617 ORANGE STREET
City-St-Zip: AUBURNDALE, FL

Title: DST () Delete
Name: STRINGER, RAYMOND L
Address: 492 HEATHER CT.
City-St-Zip: BARTOW, FL

Title: SD () Delete
Name: RADNEY, BILL
Address: 146 MARIAM CT.
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP () Delete
Name: HAWLEY, SHERI
Address: 2013 MISTY MORNING DR.
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK HAWLEY

PDC

02/19/2009

Electronic Signature of Signing Officer or Director

Date