


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90019 003 ****61.25

DOCUMENT # N98000007215					
1. Entity Name GREATER GARDEN GROVE COALITION, INC.					
Principal Place of Business 2996 PLANTATION RD SE WINTER HAVEN, FL 33884			Mailing Address 2996 PLANTATION RD SE WINTER HAVEN, FL 33884		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3544477	
Zip		Country		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			7. Name and Address of New Registered Agent		
SARNO, ROBERT 2996 PLANTATION RD SE WINTER HAVEN, FL 33884			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			Zip Code FL		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SARNO, ROBERT	NAME			
STREET ADDRESS	2996 PLANTATION RD SE	STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL 33884	CITY-ST-ZIP			
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBERTS, CARL	NAME			
STREET ADDRESS	1016 EDGEWATER DR, SE	STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL 33884	CITY-ST-ZIP			
TITLE	DS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FULLAM, MARIE	NAME	DS		
STREET ADDRESS	228 PAINE DR	STREET ADDRESS	JEAN HEYMAN		
CITY-ST-ZIP	WINTER HAVEN, FL 33884	CITY-ST-ZIP	239 GOLF AIRE BLVD, WINTER HAVEN, FL 33884		
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAKKO, MICHAEL	NAME			
STREET ADDRESS	125 GRANT ROAD	STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL 33884	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <u>Robert J. Sarno</u>			Date: <u>4-27-07</u> Daytime Phone #: <u>863-324-0638</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					