

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90122 003 ****61.25

DOCUMENT # 742178

1. Entity Name

THE GATHERING PLACE OF AUBURDALE, INC.



Principal Place of Business

**581 BARKLEY ROAD
AUBURDALE FL 33823**

Mailing Address

**581 BARKLEY ROAD Berkley Rd.
AUBURDALE FL 33823**

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 **59-1914610**

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

JULIE WARREN

412 BRIGHTON CIR

**581 BARKLEY RD Berkley Rd.
AUBURDALE FL 33823**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

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	CD	<input type="checkbox"/> Delete
NAME	ALLEN, ROY	
STREET ADDRESS	1112 11TH CT. NE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, RON L	
STREET ADDRESS	3069 LANTANA CIRCLE	
CITY-ST-ZIP	AUBURDALE FL 33823	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KELL, DANNY	
STREET ADDRESS	259 JONES RD.	
CITY-ST-ZIP	AUBURDALE FL 33823	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, MIKE	
STREET ADDRESS	1650 SEMINOLE AVE	
CITY-ST-ZIP	AUBURDALE FL 33823	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRUCE, VAUGHN	
STREET ADDRESS	610 SIDNEY CIR. JPV	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Ronald Williams 4-16-03 863017-1-733

CR2E037 (10/02)