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

## DOCUMENT # 746298



FILED Feb 24, 2003 8:00 am § Secretary of State

| CENTRAL   | ASSEMBLY OF GOD OF AU  | BURNDALE, INC.   | NEW YORK                                    |  | (                     | 12-24-2003 90202                     | 019 ****6 | 51.25      |  |
|---|--|--|---|--|-----------------------|--------------------------------------|-----------|------------|--|
| Principal Place of Business<br>601 LEMON ST.<br>P.O. BOX 668<br>AUBURNDALE FL 33823 |  | Mailing Address 601 LEMON ST. P.O. BOX 668 AUBURNDALE FL 33823 |   |  |                       |                                      |           |            |  |
| 2. Principal Pla  | ace of Business  | 3. Mailing Address   |   |  |                       |                                      |           |            |  |
| Suite, Apt. #   | #, etc.  | Suite, Apt. #, etc.  | <del></del>                                 | ·  | c                     | HECK HERE IF MAKIN                   | G CHANGES | 3          |  |
| City & State  |  | City & State   |   |  | 4. FEI Number NC      | El Number NOT APPLICABLE Applied For |           |            |  |
| Zip Country   |  | Zip Co   |   |  | 5. Certificate of Sta | ¢0.75 .                              |           |            |  |
|   | 6. Name and Address of Current   | Registered Agent   |   |  | 7. Name and Addre     | ess of New Registered                |           | eu         |  |
| DOMALDIE  | ر از   |  | Na  | me   |                       |                                      | . = - ~ _ |            |  |
|   | IDANT LIFE DRIVE   |  | Str   | Street Address (P.O. Box Number is Not Acceptable) |                       |                                      |           |            |  |
| AUBURND   | ALE FL 33823   |  |   |  |                       |                                      |           |            |  |
|   | ·  |  | City  | -  |                       | FL                                   |           |            |  |
| SIGNATUREs  | named entity submits this statement for one of registered agent.  Signature, typed or printed name of registered agent a |  | :: Registered Agent                         | signature required v                               |                       | DATE  Make Chec Florida Depai        | k Payable | to         |  |
| 10.   | OFFICERS AND DIR   | ECTORS   | 11.   |  |                       | TO OFFICERS AND DI                   |           | 1          |  |
| STREET ADDRESS, 2   | T<br>FOX, DIANE<br>2260 PALMMEW AVENUE<br>AUBURNDALE FL  | ☐ Celete   | TITLE NAME STREET ADDR                      |  | DD/HONS/CHANGES       | TO OFFICERS AND DI                   | ☐ Change  | Addition   |  |
| NAME STREET ADDRESS CITY-ST-ZIP   | D<br>Gilmore, Jear<br>1206 Susan Lane<br>Auburndale, Fl 00000  | ☐ Delete   | TITLE<br>NAME<br>STREET ADDR<br>CITY-ST-ZIP | ESS  |                       |                                      | ☐ Change  | ☐ Addition |  |
| STREET ADDRESS CITY-ST-ZIP  | DONAHUE, PATRICIA D<br>156 ABUNDANT LIFE DR<br>AUBURNDALE FL 33823   | . Delete   | NAME STREET ADDRI                           | ESS  | . ****                | and the second second                | Change    | Addition   |  |
| STREET ADDRESS 1  | SMITH, RAY<br>1207 BURLINGTON COURT<br>AUBURNDALE FL   | ☐ Delete   | NAME STREET ADDRE                           | ESS  |                       |                                      | ☐ Change  | Addition   |  |
| STREET ADORESS 4.   | ALBRITTON, ORAIN<br>155 PLYMOUTH RD<br>AURBURNDALE FL 33823  | ☐ Delete   | TITLE NAME STREET ADDRE CITY-ST-ZIP         | ESS  |                       |                                      | ☐ Change  | ☐ Addition |  |
| STREET ADDRESS 1:   | DONAHUE, JOHN P<br>56 ABUNDANT LIFE DRIVE<br>JUBURNDALE FL   | □ Delete   | TITLE NAME STREET ADDRE CITY-ST-ZIP         | ESS  |                       |                                      | Change    | Addition   |  |

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: