

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012501

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: LIFE CHURCH @ AUBURNDALE, INC.

## Current Principal Place of Business:

581 BERKLEY RD  
AUBURNDALE, FL 33823

## New Principal Place of Business:

## Current Mailing Address:

581 BERKLEY RD  
AUBURNDALE, FL 33823

## New Mailing Address:

FEI Number: 20-5994190

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GILLMAN, GREGORY L  
581 BERKLEY RD  
AUBURNDALE, FL 33823 US

## Name and Address of New Registered Agent:

SIMMONS, SHANE A  
323 HEATHERPOINT DRIVE  
LAKELAND, FL 33809 US

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: SHANE A SIMMONS

04/30/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: STRADER, KARL D  
Address: 1001 CARPENTER'S WAY H-304  
City-St-Zip: LAKELAND, FL 33809

Title: D ( ) Delete  
Name: NELSON, RUSTY  
Address: 104 KELVINGROVE DR  
City-St-Zip: MADISON, AL 35758

Title: D ( ) Delete  
Name: GILLMAN, LEO  
Address: 3305 N KEENE RD  
City-St-Zip: PLANT CITY, FL 33565

Title: D ( ) Delete  
Name: SIMMONS, SHANE  
Address: 323 HEATHERPOINTE DRIVE  
City-St-Zip: LAKELAND, FL 33809

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## 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:

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

Title: D ( ) Change (X) Addition  
Name: GILLMAN, GREGORY L  
Address: 7584 OLD MADISON PIKE APT#114  
City-St-Zip: HUNTSVILLE, AL 35806

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: SHANE A. SIMMONS

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date