

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20550

FILED
Apr 13, 2009
Secretary of State

Entity Name: ROCK-OUT AUBURNDALE, INCORPORATED

Current Principal Place of Business:

115 PATTERSON DRIVE
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

115 PATTERSON DRIVE
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 59-2927835 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GABALDON, ADRIAN
210 S. BARTOW AVENUE
AUBURNDALE, FL 33823 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: PD () Delete
Name: JAMES, ANN
Address: 115 PATTERSON DR.
City-St-Zip: AUBURNDALE, FL 33823

Title: D () Delete
Name: UETRECHT, JIM
Address: 1070 MOTORCOACH DR
City-St-Zip: POLK CITY, FL 338689179

Title: VP () Delete
Name: MILLER, SUSAN
Address: 105 COSTA LOOP
City-St-Zip: AUBURNDALE, FL 33823

Title: S () Delete
Name: LEOPARD, WAYNE
Address: 201 LAKE HOWARD DR NW
City-St-Zip: WINTER HAVEN, FL 33880

Title: TD () Delete
Name: MULFORD, GERI
Address: RT . 1 BOX 308
City-St-Zip: AUBURNDALE, FL

Title: T () Delete
Name: BUCCOCK, JANICE
Address: 123-4TH ST JPV
City-St-Zip: AUBURNDALE, FL 33823

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: TD (X) Change () Addition
Name: MULFORD, GERI
Address: RT . 1 BOX 308
City-St-Zip: AUBURNDALE, FL 33823

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: ANN JAMES

PD

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date