
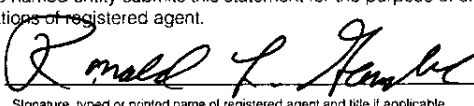
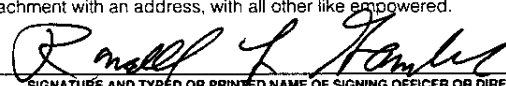


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90043 045 ****61.25

DOCUMENT # N36241 1. Entity Name AUBURNDALE MAINSTREET REDEVELOPMENT ASSOCIATION, INC.					
Principal Place of Business 111 EAST PARK STREET AUBRUNDALE FL 33823 US				Mailing Address 111 EAST PARK STREET AUBRUNDALE FL 33823 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRABER, RAY 111 EAST PARK STREET AUBRUNDALE FL 33823				Name Ron Gamble Street Address (P.O. Box Number is Not Acceptable) 111 East Park St. City Auburndale FL Zip Code 33823	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> 2/12/04 <small>DATE</small> </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	PD	<input type="checkbox"/> Delete	TITLE	Past President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRABER, RAY		NAME		
STREET ADDRESS	111 EAST PARK STREET		STREET ADDRESS		
CITY-ST-ZIP	AUBRUNDALE FL 33823		CITY-ST-ZIP		
TITLE	PE	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMBLE, RON		NAME		
STREET ADDRESS	111 EAST PARK STREET		STREET ADDRESS		
CITY-ST-ZIP	AUBRUNDALE FL 33823		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	President Elect	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CYPHERT, DIANNA		NAME		
STREET ADDRESS	111 EAST PARK STREET		STREET ADDRESS		
CITY-ST-ZIP	AUBRUNDALE FL 33823		CITY-ST-ZIP		
TITLE	VPLD	<input type="checkbox"/> Delete	TITLE	VP Administration	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, GAIL		NAME		
STREET ADDRESS	111 EAST PARK STREET		STREET ADDRESS		
CITY-ST-ZIP	AUBRUNDALE FL 33823		CITY-ST-ZIP		
TITLE	FS	<input checked="" type="checkbox"/> Delete	TITLE	VP Finance	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHATLEY, CINDY		NAME	Dave Dershimer	
STREET ADDRESS	111 EAST PARK STREET		STREET ADDRESS	111 East Park St.	
CITY-ST-ZIP	AUBRUNDALE FL 33823		CITY-ST-ZIP	Auburndale, FL 33823	
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	WILSON, DRU		NAME		
STREET ADDRESS	111 EAST PARK STREET		STREET ADDRESS		
CITY-ST-ZIP	AUBRUNDALE FL 33823		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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/12/04 863-967-3400 <small>Date Daytime Phone #</small>		