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**95 APR 18 PM 11:23**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra E. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N36653 (6)**  
1. Corporation Name  
**THE CHURCH OF GOD OF AUBURDALE, INC.**

Principal Place of Business <b>C/O ROGER A. BABCOCK 121 W. BRIDGERS AVE. AUBURDALE FL 33823</b>	Mailing Address <b>C/O ROGER A. BABCOCK 121 W. BRIDGERS AVE. AUBURDALE FL 33823</b>
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21. Principal Place of Business	22. Mailing Address
23. Suite, Apt. #, etc.	24. Suite, Apt. #, etc.
25. City & State	26. City & State
27. Zip	28. Country
29. Zip	30. Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/12/1990</b>	3a. Date of Last Report <b>03/10/1994</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**BABCOCK, ROGER A.  
121 W. BRIDGERS AVE.  
AUBURDALE FL**

10. Name and Address of New Registered Agent

81. Name <b>ROBERT A. FORTIN</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>322 N 20th STREET</b>
83. City <b>HAINES CITY FL</b>
84. Zip Code <b>33844</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Robert A. Fortin* **ROBERT A. FORTIN** DATE: **4/12/95**  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>BABCOCK, ROGER A.</b>
STREET ADDRESS	<b>2823 TANGELO STREET</b>
CITY - ST - ZIP	<b>AUBURDALE FL</b>
TITLE	<b>D</b>
NAME	<b>FORTIN, ROBERT</b>
STREET ADDRESS	<b>322 20TH STREET</b>
CITY - ST - ZIP	<b>HAINES CITY FL</b>
TITLE	<b>D</b>
NAME	<b>FORTIN, CHERYL A.</b>
STREET ADDRESS	<b>322 N 20TH ST.</b>
CITY - ST - ZIP	<b>HAINES CITY FL</b>
TITLE	<b>D</b>
NAME	<b>BABCOCK, DEBBY</b>
STREET ADDRESS	<b>2823 TANGELO STREET</b>
CITY - ST - ZIP	<b>AUBURDALE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>GASKINS, ROY</b>
1.3 STREET ADDRESS	<b>2735 W 10th ST LOT #13</b>
1.4 CITY - ST - ZIP	<b>LAKELAND FL 33805</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>HENDERSHOT, ERNA</b>
4.3 STREET ADDRESS	<b>817 JOHNSON AVE</b>
4.4 CITY - ST - ZIP	<b>LAKELAND FL 33801</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>WILLIAMS, STEVE</b>
5.3 STREET ADDRESS	<b>4444 N98 FOXWOOD VILLAGE #245</b>
5.4 CITY - ST - ZIP	<b>LAKELAND FL 33809</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert A. Fortin* **ROBERT A. FORTIN** DATE: **4/22/95** (813) 422-2936  
(Signature and typed or printed name of signing officer or director)