

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36653 (6)

1. Corporation Name

THE CHURCH OF GOD OF AUBURDALE, INC.



Principal Place of Business

**G/O ROGER A. BABCOCK
121 W. BRIDGERS AVE.
AUBURDALE FL 33823**

Mailing Address

**G/O ROGER A. BABCOCK
121 W. BRIDGERS AVE.
AUBURDALE FL 33823**

3. Date Incorporated or Qualified
02/12/1990

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

21 **The Church of God of Auburdales Inc.**

2a. Mailing Address

26 **121 W Bridgers Ave**

4. FEI Number

NOT APPLICABLE

Applied For
Not Applicable

22 Suite, Apt. #, etc.
121 W Bridgers Ave

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State
Auburdales FL

27 City & State
Auburdales FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip
33823

Country
Polk

29 Zip
33823

Country
Polk

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**FORTIN, ROBERT A
322 N. 20TH STREET
HAINES CITY FL 33844**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **GASKINS, ROY**
STREET ADDRESS **2735 W 10TH ST., LOT #13**
CITY-ST-ZIP **LAKELAND FL**

TITLE **D** ☐ DELETE
NAME **FORTIN, ROBERT**
STREET ADDRESS **322 20TH STREET**
CITY-ST-ZIP **HAINES CITY FL**

TITLE **D** ☐ DELETE
NAME **FORTIN, CHERYL A.**
STREET ADDRESS **322 N 20TH ST.**
CITY-ST-ZIP **HAINES CITY FL**

TITLE **D** ☐ DELETE
NAME **HENDERSHOT, ERNA**
STREET ADDRESS **817 JOHNSON AVE.**
CITY-ST-ZIP **LAKELAND FL**

TITLE **D** ☒ DELETE
NAME **WILLIAMS, STEVE**
STREET ADDRESS **7444 N98 FOXWOOD VILLAGE, #245**
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Fortin

Robert A. Fortin

Date

4/7/96

Daytime Phone #

(941) 422-2936

CR2E037 (12/95)