

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 Auburndale Inc.**
2a. Mailing Address: **26 121 W Bridgers Ave**
22 **121 W Bridgers Ave**
23 **Auburndale FL**
24 **33823** 25 **Polk**
27 Suite, Apt. #, etc.
28 **Auburndale FL**
29 **33823** 30 **Polk**

4. FEI Number: **NOT APPLICABLE**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	GASKINS, ROY
STREET ADDRESS	2735 W 10TH ST., LOT #13
CITY-ST-ZIP	LAKELAND FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FORTIN, ROBERT
STREET ADDRESS	322 20TH STREET
CITY-ST-ZIP	HAINES CITY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FORTIN, CHERYL A.
STREET ADDRESS	322 N 20TH ST.
CITY-ST-ZIP	HAINES CITY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HENDERSHOT, ERNA
STREET ADDRESS	817 JOHNSON AVE.
CITY-ST-ZIP	LAKELAND FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, STEVE
STREET ADDRESS	7444 N98 FOXWOOD VILLAGE, #245
CITY-ST-ZIP	LAKELAND FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: Robert A. Fortin **Robert A. Fortin** 4/7/96 (941) 422-2936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)