


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90220 006 ****61.25

0086196

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N36653

1. Corporation Name
THE CHURCH OF GOD OF AUBURDALE, INC.

Principal Place of Business 121 W. BRIDGES AVENUE AUBURDALE FL 33837 US	Mailing Address 121 W. BRIDGES AVENUE AUBURDALE FL 33837 US
--	--

405345 - 90220 - 6



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/12/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE
City & State 23	City & State 28	Applied For Not Applicable
Zip 24 33823	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country 29	Zip 30 33823	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

FORTIN, ROBERT A
 322 NORTH 20TH STREET
 HAINES CITY FL 33844

10. Name and Address of New Registered Agent

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

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	T	<input type="checkbox"/> DELETE
NAME	FORTIN, CHERYL A	
STREET ADDRESS	322 NORTH 20TH STREET	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GASKINS, ROY	
STREET ADDRESS	1219 E. CAMINO ROAD	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRIMES, LOUIS	
STREET ADDRESS	1761 WEST CHASE STREET	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HENDERSHOT, ERNA	
STREET ADDRESS	320 CANNON ST., #9	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HERNANDEZ, MANASSEH	
STREET ADDRESS	1219 EL CAMINO RD	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Carol Surron	
1.3 STREET ADDRESS	107 Nelson St	
1.4 CITY-ST-ZIP	Auburndale FL 33823	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Helen Curran	
2.3 STREET ADDRESS	601 Hope Rd	
2.4 CITY-ST-ZIP	Auburndale FL 33823	
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 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 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, with all other like empowered.

SIGNATURE: *Cheryl Ann Fortin* **CHERYL ANN FORTIN** 4/19/99 (941) 422-2936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)