

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90188 030 ****61.25

DOCUMENT # N36653

1. Entity Name

THE CHURCH OF GOD OF AUBURDALE, INC.

Principal Place of Business

Mailing Address

121 W. BRIDGES AVENUE
 AUBURDALE FL 33823
 US

121 W. BRIDGES AVENUE
 AUBURDALE FL 33823
 US

2. Principal Place of Business

3. Mailing Address

322 N 20TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Haines City FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip
33844-4630

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **T FORTIN, CHERYL A**
 STREET ADDRESS **322 NORTH 20TH STREET**
 CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D GASKINS, ROY**
 STREET ADDRESS **1219 E. CAMINO ROAD**
 CITY-ST-ZIP **LAKELAND FL 33805**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D SUTTON, CAROL**
 STREET ADDRESS **107 NELSON ST**
 CITY-ST-ZIP **AUBURDALE FL 33823**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D CURRAN, HELEN**
 STREET ADDRESS **601 HOPE RD**
 CITY-ST-ZIP **AUBURDALE FL 33823**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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: **CHERYL ANN FORTIN**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/00
 Date

(863) 422-2936
 Daytime Phone #

CR2E037 (9/99)