

# 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 AUBURNDALE, INC.**

Principal Place of Business

Mailing Address

121 W. BRIDGES AVENUE  
 AUBURNDALE FL 33823  
 US

121 W. BRIDGES AVENUE  
 AUBURNDALE 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



DO NOT WRITE IN THIS SPACE

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 **AUBURNDALE 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 **AUBURNDALE 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)