FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000001898 (6)**

1. Corporation Name
AUBURNDALE RELIEF ASSOCIATION, INC.

Principal Place of Business	Mailing Address
211 HOWARD ST. AUBURNDALE FL 33823	211 HOWARD ST AUBURNDALE FL 33823

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/27/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-5064549 ☐ Applied For ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 1162
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Auburndale, FL
Zip 24 / Country 25	Zip 29 33823-1162 / Country 30

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	D ☒ Change ☐ Addition
NAME	GABALDON, ADRIAN	12 NAME	
STREET ADDRESS	210 S. BARTOW AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	P ☒ Change ☐ Addition
NAME	SMITH, JOEY	22 NAME	
STREET ADDRESS	107 TAMPA ST.	23 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	HANCOCK, BRENDA	32 NAME	
STREET ADDRESS	108 VAN FLEET COURT	33 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HUMMELL, CINDY	42 NAME	
STREET ADDRESS	212 DEBBIE ANN COURT	43 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	KENT, HARVEY	52 NAME	
STREET ADDRESS	217 EAST POLK ST.	53 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823	54 CITY-ST-ZIP	
TITLE	M	61 TITLE	☐ Change ☐ Addition
NAME	MULFORD, KAREN	62 NAME	
STREET ADDRESS	603 WILLIAM AVE	63 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	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)(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.

SIGNATURE: Karen Mulford 4-26-95 813-967-9711
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Karen Mulford