

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001898

FILED  
Aug 27, 2007  
Secretary of State

**Entity Name:** AUBURNDALE RELIEF ASSOCIATION, INC.

**Current Principal Place of Business:**

136 SHELBY STREET  
AUBURNDALE, FL 33823 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1162  
AUBURNDALE, FL 338231162 US

**New Mailing Address:**

**FEI Number:** 59-5064549 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GABALDON, ADRIAN  
210 S. MAIN STREET  
AUBURNDALE, FL 33823 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: HANCOCK, BRENDA  
Address: 196 NEWBERN CIR  
City-St-Zip: AUBURNDALE, FL 33823

Title: D ( ) Delete  
Name: GABALDON, ADRIAN  
Address: PO BOX 1303  
City-St-Zip: AUBURNDALE, FL 33823

Title: PD ( ) Delete  
Name: KEY, LINDA  
Address: PO BOX 1127  
City-St-Zip: AUBURNDALE, FL 33823

Title: M ( ) Delete  
Name: MULFORD, KAREN  
Address: 4250 SHADOW WOOD DR  
City-St-Zip: WINTER HAVEN, FL 33880

Title: D ( ) Delete  
Name: HUNT, BETTY  
Address: 752 CITRUS GROVE BLVD NORTH  
City-St-Zip: POLK CITY, FL 33868

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN MULFORD

M

08/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date