

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001898

FILED
Apr 30, 2009
Secretary of State

Entity Name: AUBURNDALE RELIEF ASSOCIATION, INC.

Current Principal Place of Business:

905 CHARLES AVENUE
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: 59-3064549 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

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: M (X) Change () Addition
Name: MULFORD, KAREN
Address: 307 LANCEOLATE DRIVE
City-St-Zip: WINTER HAVEN, FL 33880

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

04/30/2009

Electronic Signature of Signing Officer or Director

Date