

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90475 024 \*\*\*\*70.00

**DOCUMENT # N93000001898**

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



Principal Place of Business

**136 SHELBY STREET  
AUBURNDALE FL 33823  
US**

Mailing Address

**P O BOX 1162  
AUBURNDALE FL 33823-1162  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-5064549**

Applied For

Not Applicable

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

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

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALLEN FARR</b>	
STREET ADDRESS	<b>2710 ARIANA BLVD</b>	
CITY-ST-ZIP	<b>AUBURNDALE FL 33823</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SUTTON, JOYCE</b>	
STREET ADDRESS	<b>252 REAKER HWY</b>	
CITY-ST-ZIP	<b>AUBURNDALE FL 33823</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>HANCOCK, BRENDA</b>	
STREET ADDRESS	<b>108 VAN FLEET COURT</b>	
CITY-ST-ZIP	<b>AUBURNDALE FL 33823</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GABALDON, ADRIAN</b>	
STREET ADDRESS	<b>P.O. BOX 303</b>	
CITY-ST-ZIP	<b>AUBURNDALE FL 33823</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>KEY, LINDA</b>	
STREET ADDRESS	<b>116 DAVIS STREET</b>	
CITY-ST-ZIP	<b>AUBURNDALE FL 33823</b>	
TITLE	<b>M</b>	<input type="checkbox"/> Delete
NAME	<b>MULFORD, KAREN</b>	
STREET ADDRESS	<b>4250 SHADOW WOOD DR</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33880</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>252 Recker Hwy.</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Karen Mulford* 4-23-03 863-967-9711

CR2E037 (10/02)