## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000005324

Entity Name: AUBURNDALE COMMUNITY CHURCH, INC.

FILED Feb 21, 2008 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:			
1955 HWY WINTER H	92 WEST HAVEN, FL 33	3881	US					
Current Mailing Address:					New Mailing Address:			
PO BOX 34 AUBURNE	4 DALE, FL 338:	23	US					
FEI Number:	59-3354201	FEI	Number Applied For ( )	FEI Num	ber Not Appli	cable ( )	Certificate of St	atus Desired ( )
Name and	Address of (	Curre	nt Registered Agent:		Name and	Address o	f New Registere	d Agent:
2400 HAR	, GROVER B TRIDGE POIN JAVEN, FL 33		RIVE W US					
	named entity of Florida.	submi	ts this statement for the pur	pose of	changing its	s registere	d office or register	red agent, or both,
SIGNATUR	RE:							
	Electro	nic Sig	nature of Registered Agent				Date	
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	BENNETT, GR	GE PO	3 IINTE DRIVE W		Title: Name: Address: City-St-Zip:		() Change () Addit	ion
Title: Name: Address: City-St-Zip:	VD ( LOVELESS, DA 2024 THELMA LAKE ALFRED	DRIVE			Title: Name: Address: City-St-Zip:		(X) Change ()Addit ACK CITY ROAD - #162 Y, FL 33844 US	tion
Title: Name: Address: City-St-Zip:	D ( BENNETT, TOI 121 AUBURN F AUBURNDALE	ROAD			Title: Name: Address: City-St-Zip:	SD BENNETT, 1 121 AUBUR AUBURNDA		tion
Title: Name: Address: City-St-Zip:	SD ( RUSSO, DAN 417 MARKLEN POLK CITY, FI				Title: Name: Address: City-St-Zip:	TD RUSSO, DA 417 MARKL POLK CITY,		tion
Title: Name: Address: City-St-Zip:	TD ( LOVELESS, AU 2024 THELMA LAKE ALFRED	DRIVE			Title: Name: Address: City-St-Zip:		(X) Change ( ) Addii /ILLIAM : CREEK ROAD VEN, FL 33880 US	tion
Title:	D (	) Delete	<b>e</b>		Title:	D	(X) Change ( ) Addit	tion

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.

Name:

Address:

City-St-Zip:

BRYANT, SHERYL

134 SUGAR CREEK ROAD

WINTER HAVEN, FL 33880 US

SIGNATURE: GROVER B. BENNETT PD 02/21/2008

PATTON, JACK

1301 POLK CITY RD, #162

HAINES CITY, FL 33844 US

Name:

Address:

City-St-Zip: