

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005324

FILED
Apr 09, 2009
Secretary of State

Entity Name: AUBURNDALE COMMUNITY CHURCH, INC.

Current Principal Place of Business:

1955 HWY 92 WEST
WINTER HAVEN, FL 33881 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 34
AUBURNDALE, FL 33823 US

New Mailing Address:

FEI Number: 59-3354201

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENNETT, GROVER B
2400 HARTRIDGE POINTE DRIVE W
WINTER HAVEN, FL 33881 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: PD () Delete
Name: BENNETT, GROVER B
Address: 2400 HARTRIDGE POINTE DRIVE W
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: VD () Delete
Name: PATTON, JACK
Address: 1301 POLK CITY ROAD - #162
City-St-Zip: HAINES CITY, FL 33844 US

Title: SD () Delete
Name: BENNETT, TODD A
Address: 121 AUBURN ROAD
City-St-Zip: AUBURNDALE, FL 33823 US

Title: TD () Delete
Name: RUSSO, DAN
Address: 417 MARKLEN LOOP
City-St-Zip: POLK CITY, FL 33868 US

Title: D () Delete
Name: BRYANT, WILLIAM
Address: 134 SUGAR CREEK ROAD
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: D () Delete
Name: BRYANT, SHERYL
Address: 134 SUGAR CREEK ROAD
City-St-Zip: WINTER HAVEN, FL 33880 US

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
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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: GROVER B. BENNETT

PD

04/09/2009

Electronic Signature of Signing Officer or Director

Date