

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715012

**FILED**  
**Feb 05, 2014**  
**Secretary of State**  
**CC4287259698**

**Entity Name:** AUBURNDALE CENTER FOR POSITIVE LIVING, INC.

**Current Principal Place of Business:**

3742 K-VILLE AVENUE  
AUBURNDALE, FL 33823-9670

**Current Mailing Address:**

3742 K-VILLE AVENUE  
AUBURNDALE, FL 33823-9670

**FEI Number: 59-1714179**

**Certificate of Status Desired: No**

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

MCGORDON, JACQUELINE  
1038 N. WALKER AVE  
LAKELAND, FL 33805-4276 US

*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

**Officer/Director Detail :**

Title S  
Name LUCAS, SHIRLEY  
Address 2205 SPRUCE ROAD  
City-State-Zip: LAKE ALFRED FL 33850

Title V  
Name DAVIS, JAMES  
Address 765 S. 3RD AVE  
City-State-Zip: BARTOW FL 33830

Title MAL  
Name LOPES, BEVERLY  
Address 217 KINGFISHER LN  
City-State-Zip: SUN CITY CENTER FL 33573

Title T  
Name LUCAS, MARY  
Address 2205 SPRUCE ROAD  
City-State-Zip: LAKE ALFERD FL 33881

Title P  
Name MCGORDON, JACKIE  
Address PO BOX 90154  
City-State-Zip: LAKELAND FL 33801

Title MAL  
Name LOZELL, JEAN  
Address 1524 AVE H NE  
City-State-Zip: WINTER HAVEN FL 33881

*I hereby 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 all other like empowered.*

**SIGNATURE: JACKIE MCGORDON**

**PRESIDENT**

**02/05/2014**

Electronic Signature of Signing Officer/Director Detail

Date