FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:54

DOCUMENT # 703348 (3)

1. Corporation Name
AVON PARK ACTIVITIES CLUB, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 1221 ~~107~~ E. MAIN ST. AVON PARK FL 33825-3944	POST OFFICE BOX 1221 ~~107~~ E. MAIN ST. AVON PARK FL 33825-3944

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/19/1961
3a. Date of Last Report: 04/04/1994
4. FEI Number: 59-6561010 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 Post Office Box 1221
Suite, Apt. #, etc. 22 109 E. Main St.	Suite, Apt. #, etc. 27 109 E. Main St.
City & State 23 Avon Park, Fl.	City & State 28 Avon Park, Fl.
Zip / County 24 33825-3944 25 Highlands	Zip / County 29 33825-3944 30 Highlands

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POLLOCK, BILL 1640 S. SCENIC HWY #26 FROSTPROOF FL 33843	01 Name: Pearl Sinclair 02 Street Address (P.O. Box Number is Not Acceptable): 1264 W. Bell St. 03 04 City: Avon Park, FL 05 Zip Code: 33825

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: President/ Pearl Sinclair *Pearl Sinclair* 5 - 15 - 95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	POLLOCK, BILL	12 NAME	Pearl Sinclair
STREET ADDRESS	1640 S. SCENIC HWY #26	13 STREET ADDRESS	1264 W. Bell St.
CITY-ST-ZIP	FROSTPROOF FL	14 CITY-ST-ZIP	Avon Park, Fl. 33825
TITLE	FVD	21 TITLE	FVD ☒ Change ☐ Addition
NAME	WALKER, GEORGE	22 NAME	Shirley Downey
STREET ADDRESS	1723 W "D" ST. #246	23 STREET ADDRESS	297½ S. Lake Ave. #24
CITY-ST-ZIP	AVON PARK FL	24 CITY-ST-ZIP	Frostproof, Fl. 33843
TITLE	VD	31 TITLE	VD ☒ Change ☐ Addition
NAME	VON DRAK, GEORGE	32 NAME	Walter Tesner
STREET ADDRESS	37 FOREST HILL CT	33 STREET ADDRESS	34 W. Raymond St.
CITY-ST-ZIP	AVON PARK FL	34 CITY-ST-ZIP	Avon Park, Fl. 33825
TITLE	SD	41 TITLE	SD ☒ Change ☐ Addition
NAME	LUTES, MARY RUTH	42 NAME	Elizabeth Plummer
STREET ADDRESS	1 SUNSHINE LANE	43 STREET ADDRESS	#5 Sunshine Lane
CITY-ST-ZIP	AVON PARK FL	44 CITY-ST-ZIP	Avon Park, Fl. 33825
TITLE	TD	51 TITLE	TD ☒ Change ☐ Addition
NAME	SWAIN, MARJORIE	52 NAME	Eldon Hobson
STREET ADDRESS	111 N GLENWOOD AVE	53 STREET ADDRESS	3912 Thunderbird Hl. Cir.
CITY-ST-ZIP	AVON PARK FL	54 CITY-ST-ZIP	Sebring, Fl. 33872
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Treasurer / Eldon Hobson *Eldon Hobson* 5-15-95 (813)471-1785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018047