

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra McArthur  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 703348 (3)

1. Corporation Name  
~~AVON PARK ACTIVITIES CLUB, INC.~~  
AVON PARK SENIOR ACTIVITIES CENTER, INC

Principal Place of Business: 109 E. Main St.  
Mailing Address: Post Office Box 1221 Avon Park, Fl. 33825

400001786204  
-04/18/96--01110--024  
\*\*\*61.25

2. Principal Place of Business 21 109 E. Main St.		2a. Mailing Address 26 Post Office Box 1221		3. Date Incorporated or Qualified 12-19-1961		3a. Date of Last Report 5-15-95	
22 State Apt # etc		27 State Apt # etc		4. FEI Number 59-6561010		Applied For Not Applicable	
23 City & State Avon Park, Fl.		27 City & State Avon Park, Fl.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 Zip 33825		25 Country Highlands		29 Zip 33825		30 Country Highlands	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

9. Name and Address of Current Registered Agent Pearl Sinclair 1264 W. Bell St. Avon Park, Fl. 33825				10. Name and Address of New Registered Agent 81 Name: Bill Pollock 82 Street Address (P.O. Box Number is Not Acceptable): 1640 S. Scenic Hwy. # 26 83 84 City: Frostproof, Fl. FL 85 Zip Code: 33843			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: President / Bill Pollock *Bill Pollock* 4-01-96  
Signature of registered agent and type of applicable (NOTE: Registered Agent Signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Pearl Sinclair 1264 W. Bell St. Avon Park, Fl. 33825 <input type="checkbox"/> DELETE	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	PD Bill Pollock 1640 S. Scenic Hwy. # 26 Frostproof, Fl. 33843 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVD Shirley Downey 297 1/2 S. Lake Ave. # 24 Frostproof, Fl. 33843 <input type="checkbox"/> DELETE	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	FVD Wilma Betts 1850 U.S. 27 S. 042 Avon Park, Fl. 33825 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Walter Tesnar 34 W. Raymond St. Avon Park, Fl. 33825 <input type="checkbox"/> DELETE	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	VD Timothy Cox 1446 Melrose Dr. Avon Park, Fl. 33825 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Elizabeth Plummer 5 Sunshine Lane Avon Park, Fl. 33825 <input type="checkbox"/> DELETE	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	SD Elizabeth Plummer 5 Sunshine Lane Avon Park, Fl. 33825 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Eldon Hobson 3912 Thunderbird Hl. Cir. Sebring, Fl. 33872 <input type="checkbox"/> DELETE	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	TD Eldon Hobson 3912 Thunderbird Hl. Cir. Sebring, Fl. 33872 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bill Bellomy 1000 Kingdom Way Avon Park, Fl. 33825 <input type="checkbox"/> DELETE	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	D Adele Lehman 14 W. Raymond St. Avon Park, Fl. 33825 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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: President/Bill Pollock *Bill Pollock* 4-3-96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYPHONE #

CR2E037 (12/95)