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Jan 31 1997 8:00am  
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # 703348 (3)

1. Corporation Name

AVON PARK SENIOR ACTIVITIES CENTER, INC.



Principal Place of Business

Mailing Address

109 E MAIN ST  
AVON PARK FL 33825-3944  
US

P O BOX 1221  
AVON PARK FL 33826-1221  
US

3. Date Incorporated or Qualified  
12/19/1961

3a. Date of Last Report  
04/18/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-6561010

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

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  
1264 W BELL ST  
1640 S. SCENIC HWY., #26  
FROSTPROOF FL 33843

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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*

DATE 1-23-97

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  DELETE  
NAME POLLOCK, BILL  
STREET ADDRESS 1640 S. SCENIC HWY., #26  
CITY-ST-ZIP FROSTPROOF FL 33843

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE FVD  DELETE  
NAME BETTS, WILMA  
STREET ADDRESS 1850 US 27 S., Q42  
CITY-ST-ZIP AVON PARK FL 33825

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VD  DELETE  
NAME COX, TIMOTHY  
STREET ADDRESS 1446 MELROSE DR.  
CITY-ST-ZIP AVON PARK FL 33825

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SD  DELETE  
NAME PLUMMER, ELIZABETH  
STREET ADDRESS 5 SUNSHINE LANE  
CITY-ST-ZIP AVON PARK FL 33825

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE TD  DELETE  
NAME HOBSON, ELDON  
STREET ADDRESS 3912 THUNDERBIRD HL CIRCLE  
CITY-ST-ZIP SEBRING FL 33872

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME LEHMAN, ADELE  
STREET ADDRESS 14 W. RAYMOND ST.  
CITY-ST-ZIP AVON PARK FL 33825

6.1 TITLE  Change  Addition  
6.2 NAME Shirley E. Downey  
6.3 STREET ADDRESS 297 1/2 Lake Ave. # 24  
6.4 CITY-ST-ZIP Frostproof, Fl. 33843

14. I do hereby certify that the information supplied with this filing 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: *Shirley E. Downey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone # 0063424

CR2E037 (9/96)