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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 US

3. Date Incorporated or Qualified
12/19/1961

4. FEI Number 59-6561010 Applied For Not Applicable

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. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 109 E. Main St. Suite, Apt. #, etc. 26 PO Box 1221 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Avon Park, FL 33823 28 Avon Park, FL 33825

24 33825-3904 25 USA 29 33825 30 USA

8. Name and Address of Current Registered Agent
POLLOCK, BILL
1264 W BELL ST
1640 S. SCENIC HWY., #26
FROSTPROOF FL 33843

10. Name and Address of New Registered Agent

81 Name Wendell Lutes

82 Street Address (P.O. Box Number is Not Acceptable) 507 E. Riviera St.

83

84 City Avon Park, FL 85 Zip Code 33825

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 *Wendell Lutes* 400002503764
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 04/28/98 81103 027 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLOCK, BILL	1.2 NAME	Wendell Lutes
STREET ADDRESS	1640 S. SCENIC HWY., #26	1.3 STREET ADDRESS	507 E. Riviera St. Avon Park, FL 33825
CITY-ST-ZIP	FROSTPROOF FL 33843	1.4 CITY-ST-ZIP	
TITLE	FVD	2.1 TITLE	FVD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTS, WILMA	2.2 NAME	George Von Drak
STREET ADDRESS	1850 US 27 S., Q42	2.3 STREET ADDRESS	7 Forest Hills Ct. Avon Park, FL 33825
CITY-ST-ZIP	AVON PARK FL 33825	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, TIMOTHY	3.2 NAME	Dick Davis
STREET ADDRESS	1446 MELROSE DR.	3.3 STREET ADDRESS	605 S. Florida Ave. Avon Park, 33825
CITY-ST-ZIP	AVON PARK FL 33825	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLUMMER, ELIZABETH	4.2 NAME	Floyann Frey
STREET ADDRESS	6 SUNSHINE LANE	4.3 STREET ADDRESS	500 US 27 S. Lot 64, Frostproof, 33843
CITY-ST-ZIP	AVON PARK FL 33825	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBSON, ELDON	5.2 NAME	Evelyn Livingston
STREET ADDRESS	3912 THUNDERBIRD HL CIRCLE	5.3 STREET ADDRESS	45 Forest Hills Ct., Avon Park, 33825
CITY-ST-ZIP	SEBRING FL 33872	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNEY, SHIRLEY E	6.2 NAME	Adelle Lehman
STREET ADDRESS	297 1/2 LAKE AVE #24	6.3 STREET ADDRESS	14 W. Raymond St., Avon Park 33825
CITY-ST-ZIP	FROSTPROOF FL	6.4 CITY-ST-ZIP	

14. I 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: Treasurer/Evelyn Livingston *Evelyn Livingston 4-6-98*

CP2E037 (10/97)