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**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90025 026 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 703348

1. Corporation Name

AVON PARK SENIOR ACTIVITIES CENTER, INC.

Principal Place of Business

109 E MAIN ST  
 AVON PARK FL 33825-3904  
 US

Mailing Address

P O BOX 1221  
 AVON PARK FL 33826  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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

9. Name and Address of Current Registered Agent

LUTES, WENDELL  
 507 EAST RIVIERA STREET  
 AVON PARK FL 33825

10. Name and Address of New Registered Agent

81 Name POLLOCK, WILLIAM  
 82 Street Address (P.O. Box Number is Not Acceptable) #26 - 1640 S. SCENIC HWY  
 83  
 84 City FROSTPROOF 85 Zip Code FL 33843

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 William Pollock William Pollock President 3/17/99  
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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUTES, WENDELL	1.2 NAME	POLLOCK, WILLIAM
STREET ADDRESS	507 EAST RIVIERA STREET	1.3 STREET ADDRESS	#26 - 1640 S. SCENIC HWY
CITY-ST-ZIP	AVON PARK FL 33825	1.4 CITY-ST-ZIP	FROSTPROOF FL. 33843
TITLE	FVD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	FVD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VON DRAK, GEORGE	2.2 NAME	DAVIS, DICK
STREET ADDRESS	7 FOREST HILL COURT	2.3 STREET ADDRESS	605 S. FLORIDA AVE.
CITY-ST-ZIP	AVON PARK FL 33825	2.4 CITY-ST-ZIP	AVON PARK - FL. 33825
TITLE	VD... <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DICK	3.2 NAME	
STREET ADDRESS	605 S. FLORIDA AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL 33825	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREY, FLOYANN	4.2 NAME	Phyllis Von Drak
STREET ADDRESS	500 U.S. SOUTH LOT 64	4.3 STREET ADDRESS	7 Forest Hills Ct
CITY-ST-ZIP	FROSTPROOF FL 33843	4.4 CITY-ST-ZIP	Avon Park, FL. 33825
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIVINGSTON, EVELYN	5.2 NAME	ONEAL, EDGAR L.
STREET ADDRESS	45 FOREST HILLS COURT	5.3 STREET ADDRESS	4229 CAPRI ST.
CITY-ST-ZIP	AVON PARK FL 33825	5.4 CITY-ST-ZIP	SEBRING FL. 33872
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEHMAN, ADELLE	6.2 NAME	
STREET ADDRESS	14 WEST RAYMOND STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL 33825	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, with all other like empowered.

SIGNATURE: William Pollock **REQUIRED** 3/17/99 941-635-1310  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(1/198)