

DOCUMENT # 703348

1. Entity Name

AVON PARK SENIOR ACTIVITIES CENTER, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90036 039 ****61.25

Principal Place of Business: 109 E MAIN ST, AVON PARK FL 33825-3904, US
Mailing Address: P O BOX 1221, AVON PARK FL 33826-1221, US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business, 3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip, Country

4. FEI Number: 59-6561010, Applied For/Not Applicable

5. Certificate of Status Desired, \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POLLOCK, WILLIAM
#26-1640 S SCENIC HWY
FROSTPROOF FL 33843

Name, Street Address, City, FL, Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: [Signature of William Pollock], (NOTE: Registered Agent signature required when reinstating), DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution, \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

POLLOCK, WILLIAM, 26-1640 S SCENIC HWY, FROSTPROOF FL 33843

Change/Addition checkboxes

DAVIS, DICK, 605 E FLORIDA AVE, AVON PARK FL 33825

Change/Addition checkboxes, DAVIS, DICK

PHYLLIS, 7 FOREST HILLS CT, AVON PARK FL 33825

Change/Addition checkboxes, VONDRAK, PHYLLIS

ONEAL, EDGAR L, 4229 CAPRI ST, SEBRING FL 33872

Change/Addition checkboxes

Empty officer/director entry

Change/Addition checkboxes

Empty officer/director entry

Change/Addition checkboxes

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature of William Pollock], SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR, Date, Daytime Phone #