

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90083 046 ****61.25

DOCUMENT # 703348 1. Entity Name AVON PARK SENIOR ACTIVITIES CENTER, INC.					
Principal Place of Business AVON PARK SENIOR ACTIVITIES CLUB AVON PARK AVON PARK, FL 33825 US			Mailing Address P O BOX 1221 AVON PARK, FL 33826 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	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		
DAVIS, WALCOTT E 18 N. MARYLAND AVE. AVON PARK, FL 33825			Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Walcott E Davis</i></u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD LUTES, WENDELL 507 E. RIVIERA ST. AVON PARK, FL 33825	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STAN MCLORMACK W02 1950 US 27 S. AVON PARK FL. 33825	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVD DAVIS, RICHARD 605 S. FLORIDA AVE. AVON PARK, FL 33825	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALBURTUS, ROBERT 2800 LAKE BONNETT, LOT G5 AVON PARK, FL 33825	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RALPH DAY 304 GROVE CIR AVON PARK FL. 33825	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALCOTTE, DAVIS 18 N. MARYLAND AVE. AVON PARK, FL 33825	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: <u><i>Walcott E. Davis</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
				Date	Daytime Phone #