2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State
04-07-2006 90036 004 ****61.25

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1. Entity Name
AVON PARK SENIOR ACTIVITIES CENTER, INC.

50009925

Principal Place of Business	Mailing Address
AVON PARK SENIOR ACTIVITIES CLUB AVON PARK AVON PARK, FL 33825 US	P O BOX 1221 AVON PARK, FL 33826 US

04042006 Chg-NP CR2E037 (11/05)

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

DAVIS, WALCOTT E
18 N. MARYLAND AVE.
AVON PARK, FL 33825

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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	PD MCCORMACK, STAN W02 1950 US 27 S. AVON PARK, FL 33825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAVIS, RICHARD 605 S. FLORIDA AVE 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	FVP POLLOCK, WILLIAM #1-1640 S. Scenic Hwy FROSTPROOF, FL 33843	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DAY, RALPH 304 GROVE CIR AVON PARK, FL 33825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD 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	S MARY RUTH LUTES 507 E. RIVIERA AVON PARK FL 33825	☐ 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 exemptions contained in Chapter 119, 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: Ralph Day RALPH DAY 4/4/06 8634530763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #