2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# 703348

Entity Name: AVON PARK SENIOR ACTIVITIES CENTER, INC.

Current Principal Place of Business:

AVON PARK SENIOR ACTIVITIES CLUB
AVON PARK
AVON PARK, FL 33825 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1221
AVON PARK, FL 33826 US

New Mailing Address:

FEI Number: 59-6561010 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WRIGHT, CLARENCE
Address: 2509 GEORGIA ST.
City-St-Zip: SEBRING, FL 33972

Title: FVP` ( ) Delete
Name: POLLOCK, WILLIAM
Address: #1-1640 S SCENIC HWY
City-St-Zip: FROSTPROOF, FL 33843

Title: TD ( ) Delete
Name: DAY, RALPH
Address: 304 GROVE CIRCLE
City-St-Zip: AVON PARK, FL 33825

Title: S ( ) Delete
Name: REYNEN, MARION
Address: 2401 W. NAUTILUS DR.
City-St-Zip: AVON PARK, FL 33825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALCOTT E. DAVIS TRES 01/12/2009

Electronic Signature of Signing Officer or Director — Date