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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731529 (4)

1. Corporation Name
AUDAVIN SOCIAL CLUB, INCORPORATED



Principal Place of Business Mailing Address
~~C/O EVA TRIBBETT~~
~~2442 E. SAN LUIS AVENUE~~
~~AVON PARK FL 33825~~
~~C/O EVA TRIBBETT~~
~~2442 E. SAN LUIS AVENUE~~
~~AVON PARK FL 33825-9692~~

3. Date Incorporated or Qualified 12/31/1974
3a. Date of Last Report 03/27/1996

2. Principal Place of Business 2a. Mailing Address
21 C/O CAROLE CORN 26 C/O CAROLE CORN
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 2413 E. SAN LUIS AVE 27 2413 E SAN LUIS AVE
City & State City & State
23 AVON PARK FL 33825 28 AVON PARK FL
Zip Country Zip Country
24 33825 25 HIGHLANDS 29 33825 30 HIGHLANDS

4. FEI Number NOT APPLICABLE 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
~~TRIBBETT, EVA~~
~~2442 E. SAN LUIS AVE~~
~~AVON PARK FL 33825~~

10. Name and Address of New Registered Agent
81 Name EDWARDS CHARLES, E.
82 Street Address (P.O. Box Number is Not Acceptable) 2400 E. SAN LUIS AVE
83
84 City AVON PARK FL 85 Zip Code 33825

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 *Charles E. Edwards* DATE 1/23/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHUMAN, MARY	
STREET ADDRESS	2438 E. SAN JOSE AVE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TUSSING, MARY	
STREET ADDRESS	2425 E. SAN JOSE AVE.	
CITY-ST-ZIP	AVON PARK FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHUNK, CHUCK	
STREET ADDRESS	2449 E SAN JOSE AVE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HURT, MAURINE	
STREET ADDRESS	2419 E. LAKE BONNETT RD.	
CITY-ST-ZIP	AVON PARK FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CORN, CAROL	
STREET ADDRESS	2419 E. SAN LUIS AVE.	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CAROLE
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Mary Shuman Pres* 1-23-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (9/96)