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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731529

1. Corporation Name
AUDAVIN SOCIAL CLUB, INCORPORATED

Principal Place of Business C/O CAROLE CORN 2413 E SAN LUIS AVE AVON PARK FL 33825 US	Mailing Address C/O CAROLE CORN 2413 E SAN LUIS AVE AVON PARK FL 33825 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/31/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

EDWARDS, CHARLES E
2400 E SAN LUIS AVE
AVON PARK FL 33825

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHUMAN, MARY 2438 E. SAN JOSE AVE AVON PARK FL 33825	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD BALBAUGH, NEIL 2413 E. SAN LUIS AVE AVON PARK FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FUSSING, MARY 2425 E. SAN JOSE AVE. AVON PARK FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SD HERSHBERGER, ELVA 2402 E. SAN JOSE AVE AVON PARK FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHUNK, CHUCK 2449 E SAN JOSE AVE AVON PARK FL 33825	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VD CORN, CAROL 2419 E. SAN LUIS AVE AVON PARK FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURT, MAURINE 2419 E. LAKE BONNETT RD. AVON PARK FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D DAVIS, BETTY 2411 E. LAKE BONNETT ROAD AVON PARK FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CORN, CAROLE 2419 E. SAN LUIS AVE. AVON PARK FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	TD BROWN, JANE 2441 E. SAN JOSE AVE AVON PARK FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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, with all other like empowered.

SIGNATURE: *Neil Balbaugh* **NEIL BALBAUGH** 1/19/99 (941)452-5672

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)