

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90001 021 ****61.25

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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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

12/31/1974

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

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **SHUMAN, MARY**
STREET ADDRESS **2438 E. SAN JOSE AVE**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE **SD** ☐ DELETE
NAME **TUSSING, MARY**
STREET ADDRESS **2425 E. SAN JOSE AVE.**
CITY-ST-ZIP **AVON PARK FL**

TITLE **VD** ☐ DELETE
NAME **SHUNK, CHUCK**
STREET ADDRESS **2449 E SAN JOSE AVE**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE **D** ☐ DELETE
NAME **HURT, MAURINE**
STREET ADDRESS **2419 E. LAKE BONNETT RD.**
CITY-ST-ZIP **AVON PARK FL**

TITLE **TD** ☐ DELETE
NAME **CORN, CAROLE**
STREET ADDRESS **2419 E. SAN LUIS AVE.**
CITY-ST-ZIP **AVON PARK FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PD ☒ Change ☐ Addition
BALBAUGH, NEIL
2413 E. SAN LUIS AVE
AVON PARK FL 33825

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

SD ☒ Change ☐ Addition
HERSHBERGER, ELVA
2402 E. SAN JOSE AVE
AVON PARK FL 33825

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

VD ☒ Change ☐ Addition
CORN, CAROL
2419 E. SAN LUIS AVE
AVON PARK FL 33825

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

D ☒ Change ☐ Addition
DAVIS, BETTY
2411 E. LAKE BONNETT ROAD
AVON PARK FL 33825

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TD ☒ Change ☐ Addition
BROWN, JANE
2441 E. SAN JOSE AVE
AVON PARK FL 33825

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEIL BALBAUGH (941) 452-5672

Date

Daytime Phone #

CR2E037 (1/198)

1/19/99