


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 731529</b> 1. Entity Name <b>AUDAVIN SOCIAL CLUB, INCORPORATED</b>	
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Principal Place of Business <b>2441 E SAN JOSE AVE AVON PARK FL 33825 US</b>	Mailing Address <b>2441 E SAN JOSE AVE AVON PARK FL 33825 US</b>
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MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

<b>ACKERMAN, MIKE 2418 E. SAN JOSE AVE. AVON PARK FL 33825</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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FL	Zip Code
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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 _____	DATE _____
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(NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	
PD	EDWARDS, CHARLES E	2400 E. SAN LUIS AVE.	AVON PARK FL 33825	<input type="checkbox"/> Delete
SD	ACKERMAN, LINDA	2418 E SAN JOSE AVE	AVON PARK FL 33825	<input type="checkbox"/> Delete
D	DAVIS, BETTY	2411 E. LAKE BONNETT ROAD	AVON PARK FL 33825	<input type="checkbox"/> Delete
TD	BROWN, JANE	2441 E. SAN JOSE AVENUE	AVON PARK FL 33825	<input type="checkbox"/> Delete
VD	SHUMAN, MARY	2438 E. SAN JOSE AVE.	AVON PARK FL 33825	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Jane Brown</u>	Date: <u>2/10/04</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Jane Brown</b>	Daytime Phone # <b>(863) 452-2479</b>