

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:54

DOCUMENT # 703348

(3)

1. Corporation Name

AVON PARK ACTIVITIES CLUB, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
POST OFFICE BOX 1221 109 E. MAIN ST. AVON PARK FL 33825-3944		POST OFFICE BOX 1221 109 E. MAIN ST. AVON PARK FL 33825-3944	
2. Principal Place of Business	2a. Mailing Address		
21	26 Post Office Box 1221		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 109 E. Main St.	27 109 E. Main St.		
City & State		City & State	
23 Avon Park, Fl.	28 Avon Park, Fl.		
Zip	County	Zip	County
24 33825-3944	25 Highlands	29 33825-3944	30 Highlands

3. Date Incorporated or Qualified	3a. Date of Last Report
12/19/1961	04/04/1994
4. FEI Number	Applied For Not Applicable
59-6561010	
5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	☒ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
POLLOCK, BILL 1640 S. SCENIC HWY #26 FROSTPROOF FL 33843		81 Name Pearl Sinclair 82 Street Address (P.O. Box Number is Not Acceptable) 1264 W. Bell St. 83 84 City Avon Park, FL 85 Zip Code 33825	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE President/ Pearl Sinclair Pearl Sinclair 5-15-95
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	1.1 TITLE PD	1.1 NAME Pearl Sinclair	☒ Change ☐ Addition
NAME POLLOCK, BILL	1.2 NAME	1.2 NAME 1264 W. Bell St.	
STREET ADDRESS 1640 S. SCENIC HWY #26	1.3 STREET ADDRESS	1.3 STREET ADDRESS Avon Park, Fl. 33825	
CITY, ST, ZIP FROSTPROOF FL	1.4 CITY, ST, ZIP		
TITLE FVD	2.1 TITLE FVD	2.1 TITLE Shirley Downey	☒ Change ☐ Addition
NAME WALKER, GEORGE	2.2 NAME	2.2 NAME 297 1/2 S. Lake Ave. #24	
STREET ADDRESS 1723 W 10 th ST. #246	2.3 STREET ADDRESS	2.3 STREET ADDRESS Frostproof, Fl. 33843	
CITY, ST, ZIP AVON PARK FL	2.4 CITY, ST, ZIP		
TITLE VD	3.1 TITLE VD	3.1 TITLE Walter Tesnar	☒ Change ☐ Addition
NAME VON DRAK, GEORGE	3.2 NAME	3.2 NAME 34 W. Raymond St.	
STREET ADDRESS 37 FOREST HILL CT	3.3 STREET ADDRESS	3.3 STREET ADDRESS Avon Park, Fl. 33825	
CITY, ST, ZIP AVON PARK FL	3.4 CITY, ST, ZIP		
TITLE SD	4.1 TITLE SD	4.1 TITLE Elizabeth Plummer	☒ Change ☐ Addition
NAME LUTES, MARY RUTH	4.2 NAME	4.2 NAME #5 Sunshine Lane	
STREET ADDRESS 1 SUNSHINE LANE	4.3 STREET ADDRESS	4.3 STREET ADDRESS Avon Park, Fl. 33825	
CITY, ST, ZIP AVON PARK FL	4.4 CITY, ST, ZIP		
TITLE TD	5.1 TITLE TD	5.1 TITLE Eldon Hobson	☒ Change ☐ Addition
NAME SWAIN, MARJORIE	5.2 NAME	5.2 NAME 3912 Thunderbird Hl. Cir.	
STREET ADDRESS 111 N GLENWOOD AVE	5.3 STREET ADDRESS	5.3 STREET ADDRESS Sebring, Fl. 33872	
CITY, ST, ZIP AVON PARK FL	5.4 CITY, ST, ZIP		
TITLE	6.1 TITLE		☐ Change ☐ Addition
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY, ST, ZIP	6.4 CITY, ST, ZIP		

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Treasurer/ Eldon Hobson Eldon Hobson 5-15-95 (813)471-1785
Signature typed or printed name of signing officer or director Date (Signature Name & Title)