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Jan 31 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 # 703348 (3)

1. Corporation Name

AVON PARK SENIOR ACTIVITIES CENTER, INC.

Principal Place of Business

109 E MAIN ST
AVON PARK FL 33825-3944
US

Mailing Address

P O BOX 1221
AVON PARK FL 33826-1221
US



3. Date Incorporated or Qualified
12/19/1961

3a. Date of Last Report
04/18/1996

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

29 Zip

Country

30

4. FEI Number
59-6561010

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

10. Name and Address of New Registered Agent

POLLOCK, BILL
1264 W BELL ST
1640 S. SCENIC HWY., #26
FROSTPROOF FL 33843

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 President/Bill Pollock

(NOTE: Registered Agent signature required when reinstating)

DATE 1-23-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME POLLOCK, BILL
STREET ADDRESS 1640 S. SCENIC HWY., #26
CITY-ST-ZIP FROSTPROOF FL 33843

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

TITLE FVD
NAME BETTS, WILMA
STREET ADDRESS 1850 US 27 S., Q42
CITY-ST-ZIP AVON PARK FL 33825

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

TITLE VD
NAME COX, TIMOTHY
STREET ADDRESS 1446 MELROSE DR.
CITY-ST-ZIP AVON PARK FL 33825

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

TITLE SD
NAME PLUMMER, ELIZABETH
STREET ADDRESS 5 SUNSHINE LANE
CITY-ST-ZIP AVON PARK FL 33825

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

TITLE TD
NAME HOBSON, ELDON
STREET ADDRESS 3912 THUNDERBIRD HL CIRCLE
CITY-ST-ZIP SEBRING FL 33872

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

TITLE D
NAME LEHMAN, ADELE
STREET ADDRESS 14 W. RAYMOND ST.
CITY-ST-ZIP AVON PARK FL 33825

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

Shirley E. Downey
297 1/2 Lake Ave. # 24
Frostproof, Fl. 33843

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: Shirley E. Downey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0063424

CR2E037 (9/96)