
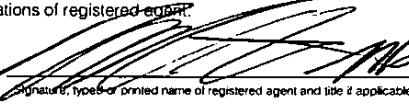
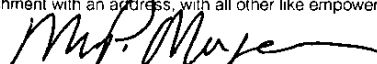


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90463 010 ****61.25

DOCUMENT # N04000011211					
1. Entity Name AVALON DRUID ORDER, INC.					
Principal Place of Business 2454 BURTON AVE FORT MYERS, FL 33907			Mailing Address 2454 BURTON AVE FORT MYERS, FL 33907		
2. Principal Place of Business 36 A Stoney Way		3. Mailing Address P.O. Box 62151			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sparta, NC		City & State Fort Myers, FL		4. FEI Number 20-1963985	
Zip 28675		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PURCELL, J. 2454 BURTON AVE FORT MYERS, FL 33907		7. Name and Address of New Registered Agent Name: <u>Michelle Prettyman</u> Street Address (P.O. Box Number is Not Acceptable): <u>9143 Caloosa Road</u> City: <u>Fort Myers</u> FL Zip Code: <u>33912</u>			
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: <u>4/1/06</u>	
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGMAN, G.F. JR 4060 ARMINGTON RD PALMYRA, NY 14522	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAIGE, LISA 19386 ORCHID TREE COURT LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESSLER, JASON 19412 CYPRESS VIEW DR FORT MYERS, FL 33912	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, PATRICIA NBU 1705 PRAIGUE, OK 74864	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORIN, CAROLIN 5887 SIEME AVE MONTREAL, QUEBEE, CANADA, 111Y 2T3	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BELL, MILLISA 405 NICHOLAUS PKWY E FORT MYERS, FL 33907	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Michael Morgan 5483 Beaujolais Lane Fort Myers, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <u>April 12, 2006</u> Daytime Phone #					

50015810



01272006 Chg-NP CR2E037 (11/05)