


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90091 028 ****61.25

DOCUMENT # 703348	
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1. Entity Name
AVON PARK SENIOR ACTIVITIES CENTER, INC.

Principal Place of Business
AVON PARK SENIOR ACTIVITIES CLUB
AVON PARK
AVON PARK, FL 33825 US

Mailing Address
P O BOX 1221
AVON PARK, FL 33826 US



01072007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
59-6561010

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DAVIS, WALCOTT E 18 N. MARYLAND AVE. AVON PARK, FL 33825		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, RICHARD			NAME			
STREET ADDRESS	605 S FLORIDA AVE			STREET ADDRESS			
CITY-ST-ZIP	AVON PARK, FL 33825			CITY-ST-ZIP			
TITLE	FVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POLLOCK, WILLIAM			NAME			
STREET ADDRESS	#1-1840 S SCENIC HWY			STREET ADDRESS			
CITY-ST-ZIP	FROSTPROOF, FL 33843			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAY, ROSEN → Ralph DAY			NAME			
STREET ADDRESS	304 GROVE CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	AVON PARK, FL 33825			CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUTES, MARY RUTH			NAME			
STREET ADDRESS	507 E RIVIERA			STREET ADDRESS			
CITY-ST-ZIP	AVON PARK, FL 33825			CITY-ST-ZIP			
TITLE	Sec.	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Evelyn Livingston			NAME			
STREET ADDRESS	45 Forest Hill Ct.			STREET ADDRESS			
CITY-ST-ZIP	Avon Park, FL 33825			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Evelyn L. Livingston*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-07

Date

Daytime Phone #