

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703348

FILED
Apr 05, 2011
Secretary of State

Entity Name: AVON PARK SENIOR ACTIVITIES CENTER, INC.

Current Principal Place of Business:

109 EAST MAIN ST
AVON PARK
AVON PARK, FL 33825 US

New Principal Place of Business:

Current Mailing Address:

109 EAST MAIN ST
AVON PARK
AVON PARK, FL 33825 US

New Mailing Address:

FEI Number: 59-6561010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, WALCOTT E
18 N. MARYLAND AVE.
AVON PARK, FL 33825 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: POLLOCK, BILL
Address: 1640 S. SCENIC HWY LOT 1
City-St-Zip: FROSTPROOF, FL 33843

Title: S
Name: RUSSELL, MARY
Address: 1640 S SCENIC HWY LOT38
City-St-Zip: FROSTPROOF, FL 33843

Title: T
Name: POLLOCK, LORRAINE
Address: 1640 S SCENIC HWY LOT #1
City-St-Zip: FROSTPROOF, FL 33843

Title: D
Name: CASSELL, STU
Address: 310 E MAIN ST.
City-St-Zip: AVON PARK, FL 33825

Title: D
Name: BUSHEE, JOHN
Address: 1035 SHAMROCK DR.
City-St-Zip: SEBRING, FL 33875

Title: VP
Name: DAVIS, WALLY
Address: 18 N MARYLAND AVE.
City-St-Zip: AVON PARK, FL 33825

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LORRAINE POLLOCK

T

04/05/2011

Electronic Signature of Signing Officer or Director

Date