

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011211

FILED  
Feb 08, 2012  
Secretary of State

**Entity Name:** AVALON DRUID ORDER, INC.

**Current Principal Place of Business:**

648 DICKERSON ROAD  
WILLIS, VA 24380 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 62151  
FORT MYERS, FL 33906 US

**New Mailing Address:**

**FEI Number:** 20-1963985

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PRETTYMAN, MICHELLE  
9143 CALOOSA RD  
FORT MYERS, FL 33912 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: D  
Name: SAPP, MARGARET  
Address: 1685 DANIELS DR  
City-St-Zip: N. FT. MYERS, FL 33917 US

Title: D  
Name: MORIN, CAROLINE  
Address: 1634 ROBILLARD  
City-St-Zip: SAINT HUBERT QUEBEC, QU J4T1C3 CA

Title: D  
Name: WIBBERLEY, SARAH  
Address: 152 POST ROAD  
City-St-Zip: KANATA, ON K2L 1L2 CA

Title: P  
Name: PRETTYMAN, MICHELLE  
Address: 9143 CALOOSA RD  
City-St-Zip: FORT MYERS, FL 33967 US

Title: S  
Name: PAIGE, LISA  
Address: 19386 ORCHID TREE CT  
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: T  
Name: BELL, MILLISA  
Address: 327 UTANA AVE  
City-St-Zip: FORT MYERS, FL 33905 US

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: MILLISA A. BELL

T

02/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date