

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90150 050 ****61.25

0087058

DOCUMENT # 703348

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**

2. Principal Place of Business

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SANDS, BEVERLY
1852 HWY 27 SO., C-9
AVON PARK FL 33825**

7. Name and Address of New Registered Agent

Name **WALCOTT E. DAVIS**

Street Address (P.O. Box Number is Not Acceptable)

18 N. MARYLAND AVE

City **AVON PARK**

FL

Zip Code **33825**

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 **WALCOTT E. DAVIS**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/03

FILE NOW: FEE IS \$61.25

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MCCORMACK, STAN	
STREET ADDRESS	1850 US 27 SO., L-11	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	FVD	<input checked="" type="checkbox"/> Delete
NAME	FREY, FLOYANN	
STREET ADDRESS	63 W LAKE TROUT DR	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	S	<input type="checkbox"/> Delete
NAME	DALY, RALPH	
STREET ADDRESS	304 GROVE CIR.	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SANDS, BEVERLY	
STREET ADDRESS	1852 HWY 27 SO., C-9	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENDELL LUTES	
STREET ADDRESS	507 E. RIVIERA ST	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	FVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD DAVIS	
STREET ADDRESS	605 S. FLORIDA AVE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALCOTT E DAVIS	
STREET ADDRESS	18 N. MARYLAND AVE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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 **WALCOTT E. DAVIS** **4-8-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)

863-452-5034