

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703348

Entity Name: AVON PARK SENIOR ACTIVITIES CENTER, INC.

FILED
Mar 30, 2015
Secretary of State
CC9545374925

Current Principal Place of Business:

109 EAST MAIN ST
AVON PARK
AVON PARK, FL 33825

Current Mailing Address:

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

FEI Number: 59-6561010

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSHEE, JOHN
1035 SHAMROCK DR.,
SEBRING, FL 33875 US

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

Officer/Director Detail :

Title PRESIDENT
Name DAY, RALPH
Address 304 GROVE CIRCLE
City-State-Zip: AVON PARK FL 33825

Title DIRECTOR
Name BERLEW, ARLAND
Address 4013 PONCE DE LEON BLVD
City-State-Zip: SEBRING FL 33872

Title DIRECTOR
Name CRON, SHEILA
Address 10404 US HWY 27, LOT 365.
City-State-Zip: FROSTPROOF FL 33843

Title VP
Name EMMENDORFER, AL
Address 1728 ORANGEWOOD LN
City-State-Zip: AVON PARK FL 33825

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

Title ASST. TREASURER
Name METIVIER, ANDRE
Address 733 S.E. TURTLE TURN
City-State-Zip: AVON PARK FL 33825

Title DIRECTOR
Name BIRCHFIELD, DAVID
Address 7025 ROLLING HILLS DR.
City-State-Zip: SEBRING FL 33876

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

TREASURER

03/30/2015

Electronic Signature of Signing Officer/Director Detail

Date