

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 28, 2017
Secretary of State
CC3644016357

Entity Name: AVON PARK SENIOR ACTIVITIES CENTER, INC.

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 CLAYTON, THOMAS G
Address 4617 STARFISH AVE
City-State-Zip: SEBRING FL 33870

Title VP
Name HARVEY, LARRY
Address 1942 JERI KAY LN
City-State-Zip: SEBRING FL 33870

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

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

Title SECRETARY
Name SORKO, GARY
Address 1850 US HWY 27 S
City-State-Zip: AVON PARK FL 33825

Title DIRECTOR
Name HARVEY, LARRY
Address 1942 JERI KAY LN
City-State-Zip: SEBRING FL 33870

Title DIRECTOR
Name MORTON, KEITH
Address 1411 WHISPER LAKE BLVD
City-State-Zip: SEBRING FL 33870

Title DIRECTOR
Name CASTIGLIA, JOSEPH
Address 2217 WREN PLACE
City-State-Zip: LAKE WALES FL 33859

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: THOMAS G CLAYTON

PRESIDENT

03/28/2017

Electronic Signature of Signing Officer/Director Detail

Date