

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 703348

**FILED**  
**Mar 30, 2018**  
**Secretary of State**  
**CC5150945233**

**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            NASH, ETHELENE  
Address        2350 N. CARPENTER RD.  
City-State-Zip: AVON PARK FL 33825

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            TEMOKE, MARY  
Address        1995 COUNTY LINE RD.  
City-State-Zip: AVON PARK FL 33825

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**

**03/30/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date