

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 703348

**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:** 83-3383717**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            DOWNIE, CHRISTOPHER J  
Address        109 EAST MAIN ST  
                  AVON PARK  
City-State-Zip: AVON PARK FL 33825

Title            VP  
Name            NYLAND , WARREN  
Address        109 EAST MAIN ST  
                  AVON PARK  
City-State-Zip: AVON PARK FL 33825

Title            SECRETARY  
Name            LEAGUE, KAREN  
Address        109 EAST MAIN ST  
                  AVON PARK  
City-State-Zip: AVON PARK FL 33825

Title            TREASURER  
Name            ROBINSON, LARRY  
Address        109 EAST MAIN ST  
                  AVON PARK  
City-State-Zip: AVON PARK FL 33825

Title            DIRECTOR  
Name            BEAN, BONNIE  
Address        109 EAST MAIN ST  
                  AVON PARK  
City-State-Zip: AVON PARK FL 33825

Title            DIRECTOR  
Name            CRAWFORD, KELLY  
Address        109 EAST MAIN ST  
                  AVON PARK  
City-State-Zip: AVON PARK FL 33825

Title            DIRECTOR  
Name            HUNT , ROBERT  
Address        109 EAST MAIN ST  
                  AVON PARK  
City-State-Zip: AVON PARK FL 33825

Title            DIRECTOR  
Name            PRADZINSKI, BILL  
Address        109 EAST MAIN ST  
City-State-Zip: AVON PARK FL 33825

**Continues on page 2**

*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:** CHRISTOPHER J DOWNIE

PRESIDENT

04/13/2025

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                    |
|-----------------|--------------------|
| Title           | DIRECTOR           |
| Name            | ZINDEL, CAROL      |
| Address         | 109 E MAIN ST      |
| City-State-Zip: | AVON PARK FL 33825 |