

**2021 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:** 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	MORTON, KEITH
Address	1411 WHISPERLAKE BLVD.
City-State-Zip:	SEBRING FL 33870

Title	SECRETARY
Name	TIPSWORD, GLORIA
Address	4703 HIBIISCUS CT.
City-State-Zip:	SEBRING FL 33870

Title	TREASURER
Name	KELLY, C. JAMES
Address	109 E. MAIN ST.
City-State-Zip:	AVON PARK FL 33825

*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

03/14/2021

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