

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740111

Entity Name: ROTARY CLUB OF AVON PARK, INC.

Current Principal Place of Business:

20 S VERONA AVE
AVON PARK, FL 33825

Current Mailing Address:

P.O. BOX 81
AVON PARK, FL 33826

FEI Number: 59-6209661

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HILTON, FORREST H.
702 US 27 NORTH
AVON PARK, FL 33825 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 SECRETARY
Name HUNNICUTT, KEITH
Address 1825 N OLEANDER DR
City-State-Zip: AVON PARK FL 33825-0000

Title DIRECTOR
Name MURPHY, JOE
Address 4117 SANTA BARBARA DR
City-State-Zip: SEBRING FL 33875

Title SERGEANT-AT-ARMS
Name GENTRY, DOUG
Address 160 W LAKE TROUT DR
City-State-Zip: AVON PARK FL 33825

Title PAST PRESIDENT
Name MURILLO, MILANA
Address P.O. BOX 81
City-State-Zip: AVON PARK FL 33826

Title DIRECTOR
Name DILDAY, NICKY
Address 20 S VERONA AVE
City-State-Zip: AVON PARK FL 33825

Title TREASURER
Name AMOS, TOM
Address 20 S VERONA AVE
City-State-Zip: AVON PARK FL 33825

Title PRESIDENT
Name BROJEK, CHET
Address 20 S VERONA AVE
City-State-Zip: AVON PARK FL 33825

Title DIRECTOR
Name JOHNSON, DAN
Address 20 S VERONA AVE
City-State-Zip: AVON PARK FL 33825

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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: CHET BROJEK

PRESIDENT

03/10/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT ELECT
Name MACIAS, AMANDA
Address P O BOX 81
City-State-Zip: AVON PARK FL 33826

Title DIRECTOR
Name OLDHAM , ALICE
Address P O BOX 81
City-State-Zip: AVON PARK FL 33826

Title DIRECTOR
Name ANDREWS, DOUG
Address P O BOX 81
City-State-Zip: AVON PARK FL 33826

Title DIRECTOR
Name BREYLINGER, JANE
Address P O BOX 81
City-State-Zip: AVON PARK FL 33826