

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011211

Entity Name: AVALON DRUID ORDER, INC.**Current Principal Place of Business:**648 DICKERSON ROAD
WILLIS, VA 24380**Current Mailing Address:**PO BOX 62151
FORT MYERS, FL 33906 US**FEI Number:** 20-1963985**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PAIGE, LISA
19386 ORCHID TREE CT
LEHIGH ACRES, FL 33936 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:** LISA PAIGE

01/09/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	SAPP, MARGARET
Address	1685 DANIELS DR
City-State-Zip:	N. FT. MYERS FL 33917

Title	D
Name	MORIN, CAROLINE
Address	1634 ROBILLARD
City-State-Zip:	SAINT HUBERT QUEBEC QU J4T1C-3

Title	D
Name	WIBBERLEY, SARAH
Address	152 POST ROAD
City-State-Zip:	KANATA ON K2L 1-L2

Title	P
Name	PRETTYMAN, MICHELLE
Address	3813 SPRING GARDEN R4
City-State-Zip:	PHILADELPHIA PA 19104

Title	S
Name	PAIGE, LISA
Address	19386 ORCHID TREE CT
City-State-Zip:	LEHIGH ACRES FL 33936

Title	T
Name	BELL, MILLISA
Address	327 UTANA AVE
City-State-Zip:	FORT MYERS FL 33905

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: LISA PAIGE

01/09/2014

Electronic Signature of Signing Officer/Director Detail

Date