2003 NOT-FOR-PROFIT CORPORATION

Mar 07, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 731529** 1. Entity Name 03-07-2003 90092 003 ****61.25 AUDAVIN SOCIAL CLUB, INCORPORATED Principal Place of Business Mailing Address 2441 E SAN JOSE AVE 2441 E SAN JOSE AVE AVON PARK FL 33825 AVON PARK FL 33825 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EDWARDS, CHARLES E 2400 E SAN LUIS AVE **AVON PARK FL 33825** San Jose City 8. 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. I am familiar with, and accept the obligations of registered agent. ckerman (Agent SIGNATURE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ■ Delete TITLE Edwards Charles E PD BALBAUGH, NEIL NAME NAME 2400 E San Luis Auc STREET ADDRESS 2413 E. SAN LUIS AVENUE STREET ADDRESS Park FL. 33825 CITY-ST-ZIP **AVON PARK FL 33825** CITY-ST-ZIP Delete TITLE TITLE ☐ Addition Change ACKERMAN, LINDA NAME NAME STREET ADDRESS 2418 E SAN JOSE AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **AVON PARK FL 33825** Delete TITLE Change Change ☐ Addition NAME DAVIS, BETTY NAME STREET ADDRESS 2411 E. LAKE BONNETT ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AVON PARK FL 33825 TITLE ☐ Delete TIT! F Change ☐ Addition NAME **BROWN, JANE** NAME STREET ADDRESS 2441 E. SAN JOSE AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVON PARK FL 33825** ☐ Delete TITLE Change **Addition** shuman, Mary 2438E. San Jose NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE

CITY-ST-7IP

STREET ADDRESS

TITLE

NAME

☐ Delete

Change

☐ Addition

FILED