

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733482

1. Entity Name

AVON PARK MINISTERIAL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

198 W. WALNUT ST.
AVON PARK FL 33825
US

198 W. WALNUT ST.
AVON PARK FL 33825
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2820407

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOULD, CLARE
1418 S GOLFVIEW DR
AVON PARK FL 33825

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
HARKEY, VERNON
100 N. LAKE AVE
AVON PARK FL 33825 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
RON ZIMMER
107 N. FLORIDA AVE.
AVON PARK, FL. 33825 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DT
PLOUFFE, BILL
198 W. WALNUT ST
AVON PARK FL 33825 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
BREYLINGER, BILL
2441 W. NAUTILUS RD.
AVON PARK FL 33825 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

Bill Breylinger REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-01

Date

863 452-6464

Daytime Phone #

CR2E037 (10/00)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90113 036 ****61.25

00012115



DO NOT WRITE IN THIS SPACE