

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 755071

1. Entity Name

ADAMSTOWN I OF AVON PARK, INC.



Principal Place of Business

155 E. INTERLAKE BLVD
LAKE PLACID FL 33852
US

Mailing Address

P O BOX 698
LAKE PLACID FL 33852
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

City & State

4. FEI Number

59-2917125

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TOMPKINS, JAMES E.
155 EAST INTERLAKE BLVD
LAKE PLACID FL 33852

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PSTD ☐ Delete
NAME TOMPKINS, JAMES E.
STREET ADDRESS 155 EAST INTERLAKE BLVD
CITY- ST- ZIP LAKE PLACID FL 33852

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE DVP ☐ Delete
NAME KELLY, W. JAMES
STREET ADDRESS 1525 S. FLORIDA AVE
CITY- ST- ZIP LAKELAND FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☐ Delete
NAME TOMPKINS, LOUISE
STREET ADDRESS 225 E. PARK AVE
CITY- ST- ZIP LAKE PLACID FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

James E Tompkins
Pres
1/25/08
963 465-3281