

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755071

FILED
Jan 07, 2009
Secretary of State

Entity Name: ADAMSTOWN I OF AVON PARK, INC.

Current Principal Place of Business:

155 E. INTERLAKE BLVD
LAKE PLACID, FL 33852 US

New Principal Place of Business:

215 E PARK ST.
LAKE PLACID, FL 33852 US

Current Mailing Address:

P O BOX 698
LAKE PLACID, FL 33852 US

New Mailing Address:

P O BOX 912
LAKE PLACID, FL 33852 US

FEI Number: 59-2917125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

TOMPKINS, JAMES E.
215 E PARK ST.
LAKE PLACID, FL 33852 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:

01/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: TOMPKINS, JAMES E.,
Address: 155 EAST INTERLAKE BLVD
City-St-Zip: LAKE PLACID, FL 33852

Title: DVP () Delete
Name: KELLY, W. JAMES,
Address: 1525 S. FLORIDA AVE
City-St-Zip: LAKELAND, FL

Title: D () Delete
Name: TOMPKINS, LOUISE,
Address: 225 E. PARK AVE
City-St-Zip: LAKE PLACID, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: TOMPKINS, JAMES E.,
Address: 215 E PARK ST.
City-St-Zip: LAKE PLACID, FL 33852

Title: DVP (X) Change () Addition
Name: KELLY, W. JAMES,
Address: 6506 LUNN RD.
City-St-Zip: LAKELAND, FL 33811

Title: D (X) Change () Addition
Name: TOMPKINS, LOUISE,
Address: 215 E. PARK AVE
City-St-Zip: LAKE PLACID, FL 33852

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES E TOMPKINS

P

01/07/2009

Electronic Signature of Signing Officer or Director

Date