

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758915

FILED
Apr 24, 2009
Secretary of State

Entity Name: THE HISTORICAL SOCIETY OF AVON PARK, INC.

Current Principal Place of Business:

3 N MUSEUM AV
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

3 N MUSEUM AV
AVON PARK, FL 33825

New Mailing Address:

FEI Number: 59-2302474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVEY, LARRY
3 N. MUSEUM AVENUE
AVON PARK, FL 33825 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D/RS () Delete
Name: FLOWERS, ROBERTA
Address: 61 E. WOLF ST
City-St-Zip: AVON PARK, FL 33825

Title: DVP () Delete
Name: JORDAN, JEAN
Address: 600 LAKE VERONA BLVD
City-St-Zip: AVON PARK, FL 33825

Title: DS () Delete
Name: JORDON, BETTY
Address: 1708 LAKE PIONEER DRIVE
City-St-Zip: AVON PARK, FL 33825

Title: DP () Delete
Name: LEVEY, LARRY
Address: 2655 S NICKLAUS DR
City-St-Zip: AVON PARK, FL 33825

Title: DT () Delete
Name: BENNETT, RENEE
Address: PO BOX 7082
City-St-Zip: AVON PARK, FL 33825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERTO FLOWERS

D/RS

04/24/2009

Electronic Signature of Signing Officer or Director

Date