

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758915

FILED
Mar 15, 2011
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: P/D
Name: SACHSENMAIER, EILEEN
Address: PO BOX 342
City-St-Zip: AVON PARK, FL 338260342 US

Title: VP/D
Name: WILLIAMS, WENDELL
Address: 10 LAKE BYRD BLVD
City-St-Zip: AVON PARK, FL 33825 US

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

Title: D/CS
Name: WEBER, NANCY
Address: 66 LAKE BYRD BLVD
City-St-Zip: AVON PARK, FL 33826 US

Title: D/T
Name: BENNETT, KARLA R
Address: PO BOX 7082
City-St-Zip: AVON PARK, FL 33825

Title: D
Name: CASEY, THETIS
Address: 963 LAKE ANGELO DR
City-St-Zip: AVON PARK, FL 33825 US

I hereby 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 all other like empowered.

SIGNATURE: KARLA RENEE BENNETT

D/T

03/15/2011

Electronic Signature of Signing Officer or Director

Date