

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91218 049 ****61.25

0081905

DOCUMENT # N00000000445

1. Entity Name

THE AVON PARK LIONS FOUNDATION, INC.

Principal Place of Business

Mailing Address

**1316 W. BELL STREET
AVON PARK FL****POST OFFICE BOX 38
AVON PARK FL 33826**

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

59-6153296

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

**DAVENPORT, DON
1024 W. LAKE DAMON DRIVE
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 \$61.259. 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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	D			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	MORAN, DOT									
	156 W LAKE DAMON DR									
	AVON PARK FL 33825									
	D			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	JOHNSON, TERRY									
	83 HILLCREST DRIVE									
	AVON PARK FL 33825									
	D			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	MCKENZIE, BUDDY									
	106 LAKE LOTELA DRIVE									
	AVON PARK FL 33825									
	T			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	MORAN, JOHN									
	106 WEST LAKE DAMON DR									
	AVON PARK FL 33825									
	S			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	KNEPPER, JOHN									
	2835 PALO VERDE DRIVE									
	AVON PARK FL 33825									
	P			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	DAVENPORT, DON									
	1024 WEST LAKE DAMON DR									
	AVON PARK FL 33825									

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)