

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90133 012 ****61.25

DOCUMENT # N00000000445

1. Entity Name

THE AVON PARK LIONS FOUNDATION, INC.



Principal Place of Business

**1316 W. BELL STREET
AVON PARK FL**

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DAVENPORT, DON
1024 W. LAKE DAMON DRIVE
AVON PARK FL 33825**

7. Name and Address of New Registered Agent

Name **ORRIN R SCHAAC**

Street Address (P.O. Box Number is Not Acceptable)
2720 WEST EXETER ROAD

City **AVON PARK, FL** Zip Code **33825**

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.

ORRIN R SCHAAC
SIGNATURE

[Signature]

4/14/02
DATE

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

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

TITLE **D** ☐ Delete
NAME **MORAN, DOT**
STREET ADDRESS **156 W LAKE DAMON DR**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE **D** ☒ Delete
NAME **JOHNSON, TERRY**
STREET ADDRESS **83 HILLCREST DRIVE**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE **D** ☐ Delete
NAME **MCKENZIE, BUDDY**
STREET ADDRESS **106 LAKE LOTELA DRIVE**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE **T** ☐ Delete
NAME **MORAN, JOHN**
STREET ADDRESS **106 WEST LAKE DAMON DR**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE **S** ☐ Delete
NAME **KNEPPER, JOHN**
STREET ADDRESS **2835 PALO VERDE DRIVE**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE **P** ☐ Delete
NAME **DAVENPORT, DON**
STREET ADDRESS **1024 WEST LAKE DAMON DR**
CITY-ST-ZIP **AVON PARK FL 33825**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☒ Addition
CO-TREASURER
ORRIN R SCHAAC
2720 WEST EXETER ROAD
AVON PARK FL 33825

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

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: ORRIN R SCHAAC
SIGNATURE REQUIRED

14 APR 02

863-457-6248

CR2E037 (10/02)