

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 07, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90461 044 \*\*\*\*61.25

**66426688**



MOORE CR2E037 (11/03)

<b>DOCUMENT # N03000007754</b> 1. Entity Name <b>AVALON WOLVES CORP.</b>					
Principal Place of Business <b>808 WINDWILLOW CIRCLE WINTER SPRINGS FL 32708</b>			Mailing Address <b>808 WINDWILLOW CIRCLE WINTER SPRINGS FL 32708</b>		
2. Principal Place of Business <b>2551 Flowering Dogwood Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>2551 Flowering Dogwood Dr.</b> Suite, Apt. #, etc.			
City & State <b>Orlando, FL</b> Zip <b>32828</b> Country		City & State <b>Orlando, FL</b> Zip <b>32828</b> Country		4. FEI Number <b>41-2077160</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FRANK, JAMES F 808 WINDWILLOW CIRCLE WINTER SPRINGS FL 32708</b>			7. Name and Address of New Registered Agent Name <b>Same</b> Street Address (P.O. Box Number is Not Acceptable) <b>2551 Flowering Dogwood Drive</b> City <b>Orlando</b> FL Zip Code <b>32828</b>		
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FRANK, JAMES F</b> <input type="checkbox"/> Delete <b>808 WINDWILLOW CIRCLE</b> <b>WINTER SPRINGS FL 32708</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2551 Flowering Dogwood Drive</b> <b>Orlando, FL 32828</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CROCKER, RENEE</b> <input type="checkbox"/> Delete <b>1869 OAK GROVE CHASE DRIVE</b> <b>ORLANDO FL 32820</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FRANK, JUDITH E</b> <input type="checkbox"/> Delete <b>808 WINDWILLOW CIRCLE</b> <b>WINTER SPRINGS FL 32708</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2551 Flowering Dogwood Drive</b> <b>Orlando, FL 32828</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CROCKER, DAVID</b> <input type="checkbox"/> Delete <b>1869 OAK GROVE CHASE DRIVE</b> <b>ORLANDO FL 32820</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b>		<b>JAMES E. FRANK</b>		<b>4-20-04</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	