

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
ACCOUNTS DIVISION
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N20755**

1. Corporation Name

A.P.C.I. EMPLOYEE'S CLUB, INC.

Principal Place of Business

**COUNTRY ROAD 64. EAST
AVON PARK FL 33825
US**

Mailing Address

**PO BOX 1100
AVON PARK FL 33825-1100
US**



3. Date Incorporated or Qualified

05/20/1987

3a. Date of Last Report

01/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2872342

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOGARTH, RICHARD A.
COUNTY RD 64 E
AVON PARK FL 33825**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Richard A. Hogarth

Richard A. Hogarth, Business Manager

1-23-96

Signature typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **VD
SECORY, GERALD**
STREET ADDRESS **637 NE LAKEVIEW DR.**
CITY-ST-ZIP **AVON PARK FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **TD
PIETY, KIM**
STREET ADDRESS **1423 STENEWAHEE AVE.**
CITY-ST-ZIP **SEBRING FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **PD
MARTIN, VANDA**
STREET ADDRESS **28 WAINWRIGHT WAY**
CITY-ST-ZIP **AVON PARK FL**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **SD
MARTINEZ, MIRIAM**
STREET ADDRESS **2084 N. HIGHLAND BLVD**
CITY-ST-ZIP **AVON PARK FL**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kim Piety

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96

DATE

(941) 453-1518

DAYTIME PHONE #

CR2E037 (12/95)