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Feb 05 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N20755

1. Corporation Name

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



Principal Place of Business

Mailing Address

COUNTRY ROAD 64, EAST  
AVON PARK FL 33825  
US

PO BOX 1100  
AVON PARK FL 33826-1100  
US

3. Date Incorporated or Qualified  
05/20/1987

3a. Date of Last Report  
01/29/1996

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Business Manager

1-7-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SECORY, GERALD	
STREET ADDRESS	637 NE LAKEVIEW DR.	
CITY - ST - ZIP	AVON PARK FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PIETY, KIM	
STREET ADDRESS	1423 STENWAHEE AVE.	
CITY - ST - ZIP	SEBRING FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, VANDA	
STREET ADDRESS	28 WAINWRIGHT WAY	
CITY - ST - ZIP	AVON PARK FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MARTINEZ, MIRIAM	
STREET ADDRESS	2084 N. HIGHLAND BLVD	
CITY - ST - ZIP	AVON PARK FL	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bennett, Bruce	
1.3 STREET ADDRESS	1327 Lake Isis Drive	
1.4 CITY - ST - ZIP	Avon Park, FL 33825	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Pugliese, Joseph	
2.3 STREET ADDRESS	<del>P.O. Box 6979</del> 23 Wainwright Way	
2.4 CITY - ST - ZIP	Avon Park, FL 33825	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Norwood, Lori	
3.3 STREET ADDRESS	<del>P.O. Box 153</del> 201 Pamela Rd, N.W.	
3.4 CITY - ST - ZIP	Lake Placid, FL 33852	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Kelly, Lora Lee	
4.3 STREET ADDRESS	5300 Longshot Lane	
4.4 CITY - ST - ZIP	Avon Park, FL 33825	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(l), 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 or changed, or on an attachment with an address.

SIGNATURE: Lora Lee Kelly, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0053428

CR2E037 (9/96)