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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
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 33825-1100 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/20/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2872342 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip Country 24 25	Zip Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: LINDA DAY TODD
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: Linda Day Todd — LINDA DAY TODD, BUSINESS MANAGER — 3-2-1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	NORWOOD, LORI		1.2 NAME	HAAS, RICHARD	
STREET ADDRESS	201 PAMELA RD, NW		1.3 STREET ADDRESS	8 WAINWRIGHT WAY	
CITY-ST-ZIP	LAKE PLACID FL		1.4 CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	OLSON, LARRY		2.2 NAME	LEHMAN, DEWEY	
STREET ADDRESS	604 S CHRISTY JO DR		2.3 STREET ADDRESS	203 MARGARETE DRIVE	
CITY-ST-ZIP	AVON PARK FL		2.4 CITY-ST-ZIP	AVON PARK, FL 33826	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	HANSFORD, BONNIE		3.2 NAME	MARTIN, VANDA	
STREET ADDRESS	56 WAINWRIGHT WAY		3.3 STREET ADDRESS	15 WAINWRIGHT WAY	
CITY-ST-ZIP	AVON PARK FL		3.4 CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	KELLY, LORA LEE		4.2 NAME	FRANZA, MYLINDA	
STREET ADDRESS	5300 LONGSHOT LANE		4.3 STREET ADDRESS	1504 BERWYN AVENUE	
CITY-ST-ZIP	AVON PARK FL		4.4 CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — MYLINDA FRANZA — TREASURER — 3-2-1999 — 941 453-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #