


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

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90076 042 ****61.25

DOCUMENT # N20755 1. Entity 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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2872342	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FRANZA, MYLINDA F 1504 BERWYN AVE AVON PARK FL 33825				7. Name and Address of New Registered Agent Name Marjorie Schindewolf Street Address (P.O. Box Number is Not Acceptable) 3207 Par Road City Sebring FL Zip Code 33872	
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 <i>Marjorie Schindewolf</i>		Marjorie Schindewolf		01/28/2004	
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 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLSEN, LARRY P 604 S CHRISTY JO DRIVE AVON PARK FL 33825	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bruce Bennett 6 Wainwright Way Avon Park, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEDEMEIER, MELISSA 11 WAINWRIGHT WAY AVON PARK FL 33825	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Martha Browning 1199 W. Walnut St. Avon Park, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HESS, CHRISTINE 505 N. VERONA AVE. AVON PARK FL 33825	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alicia Kisela 20 Wainwright Way Avon Park, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRANZA, MYLINDA F 1504 BERWYN AVE AVON PARK FL 33825	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marjorie Schindewolf 3207 Par Road Sebring, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HD RODERICK, JAMES 46 WAINWRIGHT WAY AVON PARK FL 33825	<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	<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.					
SIGNATURE: Martha Browning / Vice-President 1/28/04 863-453-3174					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					