

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90303 010 ****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 | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



02272005 Chg-NP CR2E037 (10/03)

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|---|--|---|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| SCHINDEWOLF, MARJORIE 3207 PAR ROAD SEBRING, FL 33872 | | Name Alicia Miners | |
| | | Street Address (P.O. Box Number is Not Acceptable) 20 Wainwright Way | |
| | | City Avon Park, FL Zip Code 33825 | |

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 Alicia Miners Alicia Miners, Secretary 04/10/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
|---|--|--|
| Filing Fee is \$61.25 Due by May 1, 2005 | 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 BENNETT, BRUCE 6 WAINWRIGHT WAY AVON PARK, FL 33825 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | HD Bennett, Bruce 6 Wainwright Way Avon Park, FL 33825 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BROWNING, MARTHA 1199 W WALNUT ST AVON PARK, FL 33825 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Robarts, Travis P. O. Box 1100 Avon Park, FL 33826 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD KISELA, ALICIA 20 WAINWRIGHT WAY AVON PARK, FL 33825 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Miners, Alicia 20 Wainwright Way Avon Park, FL 33825 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD SCHINDEWOLF, MARJORIE 3207 PAR ROAD SEBRING, FL 33872 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Lehman, Dewey P. O. Box 1100 Avon Park, FL 33826 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | HD RODERICK, JAMES 46 WAINWRIGHT WAY AVON PARK, FL 33825 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | HD Hughes, Holly 40 Wainwright Way Avon Park, FL 33825 <input type="checkbox"/> Change <input checked="" 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.

SIGNATURE: Alicia Miners/Secretary 4/10/05 863 453-3174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #