2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N25329

1. Entity Name
AVON PARK CHURCH OF CHRIST, INC.

Principal Place of Business	Mailing Address
200 S. FOREST AVE. AVON PARK, FL 33825 US	C/O J.F. WELCH, JR. 804 ARMISTED ST. AVON PARK, FL 33825 US

01122006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WELCH, J F JR.
804 E CAMPHOR ST.
AVON PARK, FL 33825

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WELCH, J.F.,JR.
STREET ADDRESS	804 ARMISTED ST
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	VD
NAME	ARNOLD, JACK W
STREET ADDRESS	803 EAST CANFIELD STREET
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	SD
NAME	JORDON, RANDLE D
STREET ADDRESS	965 LAKE LOTELA DR
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	TD
NAME	WELCH, GLENN
STREET ADDRESS	806 PATE ST
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/23/06-80055-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Glenn E. Welch GLENN E. WELCH 2-10-06 (863)453-4745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #