2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2004 8:00 am Secretary of State

DOCUMENT # N9800000567 1. Entity Name AVON PARK AREA BOARD OF REALTORS, INC.					04-27-2004 90050 026 ****61.25			
Principal Place of Business 12 SOUTH LAKE AVE AVON PARK, FL 33825		Mailing Address - 008 W. MAIN STREET AVON PARK, FL 33825			24056245			
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1424 U S 27 North		04202004	Chg-NP	CR2E037 (10/	(03)	
City & Sta	te .	City & State		4. FEI Numbe	er 6049	L	Applied For	
Zip	Country	Avon Park	Florida Country	· ·		_ \$9.70	Not Applicable 5 Additional	
	Country	33825	Highla	= 5. Certificate	of Status Desire		equired	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of Ner	w Registered Agent		
MCCLURE, JOHN K-PA				Name				
230 S. COMMERCE AVE. SEBRING, FL 33870			Street A	Idress (P.O. Box Number is Not Acceptable)				
025,4110	, , , ,	,						
			City			FL Zip	Code	
	e named entity submits this statement for tions of registered agent. Ruth O. Car	4.4	egistered office or			f Florida. Tam familiar		
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:		ure required when reinstating)	APLI	DATE		
	Signature. Typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Co	Registered Agent signati ————————————————————————————————————		Be .		ble to	
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, <u>,</u>	Signature. Typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2004	9. Election Cam Trust Fund Co	Registered Agent signate paign Financing ontribution.	s5.00 May E Added to Fees	Be F	DATE Make check paya florida Department	ble to of State RS IN 10	
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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: 🔀

SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

APRIL 20 2004

863-452-555-4

Daytime Phone #