2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

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Entity Name: AVON PARK AREA BOARD OF REALTORS, INC.

Current Principal Place of Business:

12 SOUTH LAKE AVE.
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

1424 US 27 NORTH
AVON PARK, FL 33825

New Mailing Address:

FEI Number: 59-1776248 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCLURE, JOHN K-PA
230 S. COMMERCE AVE.
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	HARMON, AL	
Address:	615 W MAINE ST	
City-St-Zip:	AVON PARK, FL 33825	
Title:	VPD	( ) Delete
Name:	HENDERSON, VIRGINIA	
Address:	998 W. MAINE ST.	
City-St-Zip:	AVON PARK, FL 33825	
Title:	SD	( ) Delete
Name:	WELCH, JUDY	
Address:	615 W. MAIN STREET	
City-St-Zip:	AVON PARK, FL 33825	
Title:	TD	( ) Delete
Name:	CORNWELL, RUTH O	
Address:	1424 US 27 N	
City-St-Zip:	AVON PARK, FL 33825	
Title:	D	( ) Delete
Name:	SACHSENMAIER, R.W.	
Address:	998 W. MAIN STREET	
City-St-Zip:	AVON PARK, FL 33825	
Title:	D	( ) Delete
Name:	WORDEN, HAROLD	
Address:	615 W. MAIN STREET	
City-St-Zip:	AVON PARK, FL 33825	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY ROGERS D 04/19/2005

Electronic Signature of Signing Officer or Director — Date