

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

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-17-2004 90005 042 *****8.75
03-31-2004 90017 036 *****52.50

DOCUMENT # N98000005239 1. Entity Name AVON PARK LUTHERAN MISSION, INC.					
Principal Place of Business 2523 US 27TH SOUTH AVON PARK FL 33825			Mailing Address 2523 US 27TH SOUTH AVON PARK FL 33825		
2. Principal Place of Business 4348 Schumacher Rd Suite, Apt. #, etc.		3. Mailing Address 3236 Red Water Dr. Suite, Apt. #, etc.			
City & State Sebring FL Zip 33872		City & State Avon Park FL Zip 33825		4. FEI Number 65-0867745	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRICKER, LOWELL J SR. 2523 US 27TH SOUTH AVON PARK FL 33825				7. Name and Address of New Registered Agent Name Lowell J. Fricker Sr. Street Address (P.O. Box Number is Not Acceptable) 1843 US 27 NORTH City Sebring FL Zip Code 33870	
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 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D ARD, SHIRLEY 724 N FRANKLIN SEBRING FL 33870	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Fricker, Gail 4324 Elson Av. Sebring FL 33875	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOTESTINE, EUGENE 3236 RED WATER DR AVON PARK FL 33825	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ARDITH-NOTESTINE 3236 Red Water Dr Avon Park FL 33825	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BUTT, JERRY-A 4422 MANDARIN RD. SEBRING FL 33875	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Fricker, Lowell J. Sr. 4324 Elson Av Sebring FL 33875	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRICKER, SR., LOWELL J 4820 CALATRAVA AVE. SEBRING FL 33872	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KASLEY, KEVIN 3814 TANGIER ST. SEBRING FL 33872	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASLEY, KEVIN 3814 TANGIER ST. SEBRING FL 33872	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WALCK, HOWARD E 311 LUREN AVE SEBRING FL 33872	☐ Change ☐ 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 2/29/04 Daytime Phone # 863/385-1181					