

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90018 038 ****61.25

DOCUMENT # N98000005239

1. Entity Name

AVON PARK LUTHERAN MISSION, INC.



Principal Place of Business

4348 SCHUMACHER RD.
SEBRING, FL 33872

Mailing Address

3236 RED WATER DR.,
AVON PARK, FL 33825

4000 5563



01112006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0867745

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRICKER, LOWELL J SR.
1843 US 27 NORTH
SEBRING, FL 33870

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

Filing Fee is \$81.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	FRICKER, GAIL
STREET ADDRESS	4324 ELSON AVE. 4118 ELSON AV.
CITY-ST-ZIP	SEBRING, FL 33875
TITLE	D
NAME	NOTESTINE, EUGENE
STREET ADDRESS	3236 RED WATER DR
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	DT
NAME	NAPPER, RAY
STREET ADDRESS	323 S HUCKLEBERRY LAKE DR
CITY-ST-ZIP	SEBRING, FL 33875
TITLE	PD
NAME	FRICKER, SR., LOWELL J
STREET ADDRESS	4324 ELSON AVE. 4118 ELSON AV.
CITY-ST-ZIP	SEBRING, FL 33875
TITLE	D VP
NAME	KASLEY, KEVIN
STREET ADDRESS	3814 TANGIER ST.
CITY-ST-ZIP	SEBRING, FL 33872
TITLE	VP D
NAME	WALCK, HOWARD E
STREET ADDRESS	311 WREN AVE
CITY-ST-ZIP	SEBRING, FL 33872

**DO NOT WRITE
IN THIS SPACE**

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 empowerers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lowell J. Fricker SR.
PRESIDENT