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Jan 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 704563 (6)

1. Corporation Name  
POLK COUNTY ASSOCIATION FOR HANDICAPPED CITIZENS, INC.



Principal Place of Business Mailing Address  
1038 SUNSHINE DRIVE E. LAKELAND FL 33801 1038 SUNSHINE DRIVE E. LAKELAND FL 33801-6338

3. Date Incorporated or Qualified 09/24/1962 3a. Date of Last Report 02/05/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 59-0812958 Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 Country 29 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BALOGH, SHIRLEY A  
1498 LONG OAK DRIVE S.  
LAKELAND FL 33811

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable):  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include PD BALOGH, SHIRLEY A.; CD BURRELL, FRAZIER; TD RAMOS, DAVID R.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Rows 1-4.

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Shirley A. Balogh SHIRLEY A. BALOGH 01-06-97 941-665-3846  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052476

CR2E037 (9/96)