## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 704563**

FILED Feb 17, 2004 Secretary of State

Entity Name: POLK COUNTY ASSOCIATION FOR HANDICAPPED CITIZENS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1038 SUNSHINE DRIVE E. LAKELAND, FL 33801 **Current Mailing Address: New Mailing Address:** 1038 SUNSHINE DRIVE E. LAKELAND, FL 33801 FEI Number: 59-0812958 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BALOGH, SHIRLEY A 1498 LONG OAK DRIVE S. LAKELAND, FL 33811 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BALOGH, SHIRLEY A.. Name: Name: Address: 1498 LONG OAK DRIVE S. Address: City-St-Zip: LAKELAND, FL 33811 City-St-Zip: Title: TD Title: TD () Delete (X) Change ( ) Addition Name: TITUS, R Name: TITUS, R Address: 200 LAKE MORTON DR. 202 Address: 225 E.LEMON ST. #205 City-St-Zip: LAKELAND, FL 33801 City-St-Zip: LAKELAND, FL 33801 ( ) Delete Title: Title: () Change () Addition SENZAMICI, ANTHONY J Name: Name: Address: P.O. BOX 5168 Address: City-St-Zip: LAKELAND, FL 338075168 City-St-Zip: Title: CD ( ) Delete Title: CD (X) Change ( ) Addition Name: EARMAN, ANDREW Name: HERNAN, ANDREW 3005 LAKELAND HIGHLANDS Address: 210 S FL AVE Address: City-St-Zip: LAKELAND, FL 33801 City-St-Zip: LAKELAND, FL 33803 Title: () Delete Title: (X) Change ( ) Addition KNOLL, RONALD NOAH-ASBILL, CAROL Name: Name: 1626 SIR HENRYS TRAIL P.O. BOX 407 Address: Address: City-St-Zip: LAKELAND, FL 33809 City-St-Zip: LAKELAND, FL 33802 Title: ( ) Delete Title: () Change () Addition WILLIAM, WHEELER H JR Name: Name: Address: 1203 HEIDI LN N. Address: LAKELAND, FL 33813 City-St-Zip: 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: SHIRLEY A. BALOGH P 02/17/2004