

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90161 038 \*\*\*\*70.00

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**DOCUMENT # 704563**

1. Entity Name

**POLK COUNTY ASSOCIATION FOR HANDICAPPED CITIZENS, INC.**



Principal Place of Business

1038 SUNSHINE DRIVE E.  
LAKELAND FL 33801

Mailing Address

1038 SUNSHINE DRIVE E.  
LAKELAND FL 33801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0812958**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**

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	Delete
PD	BALOGH, SHIRLEY A.	1498 LONG OAK DRIVE S.	LAKELAND FL 33811	<input type="checkbox"/>
TD	TITUS, R	200 LAKE MORTON DR, 202	LAKELAND FL 33801	<input type="checkbox"/>
D	SENZAMICI, ANTHONY J	P.O. BOX 5168	LAKELAND FL 33807-5168	<input type="checkbox"/>
CD	DUVALL, JAMES M	5516 CLUB HILL W	LAKELAND FL 33813	<input checked="" type="checkbox"/>
VCD	WSTMORELAND, RICHARD	6729 WOODSIDE COURT	LAKELAND FL 33813	<input checked="" type="checkbox"/>
SD	WILLIAM, WHEELER H JR	1203 HEIDI LN N.	LAKELAND FL 33813	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
CD	Andrew M. Hernan	210 S. Florida Ave.	Lakeland, FL 33801-4622	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	Ronald Knoll	1626 Sir Henry's Trail	Lakeland, FL 33809-5042	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D				<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:

*Shirley A. Balogh*  
Shirley A. Balogh

1/8/03

863-665-3846

CR2E037 (10/02)