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Secretary of State

03-11-1999 90003 047 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 737069

1. Corporation Name

POLK COUNTY TRIAL LAWYERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

59 LAKE MORTON DRIVE
P.O. BOX 2836
LAKELAND FL 33801

59 LAKE MORTON DRIVE
P.O. BOX 2836
LAKELAND FL 33801



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/19/1976	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2617614	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CURTIS, CLINTON A
555 E CHURCH ST-
BARTOW FL 33830

141 5th, NW
Winter Haven, FL 33883

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

FL

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	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUNDERS, THOMAS C	1.2 NAME	VALENTI, JAMES C.
STREET ADDRESS	395 S CENTRAL AVE	1.3 STREET ADDRESS	212 E. Stuart Avenue
CITY-ST-ZIP	BARTOW FL	1.4 CITY-ST-ZIP	Lake Wales, FL 33853
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, J RUSSELL	2.2 NAME	
STREET ADDRESS	215 IMPERIAL BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTI, JAMES C	3.2 NAME	CROSBY, SAMUEL G.
STREET ADDRESS	212 E STUART AVE	3.3 STREET ADDRESS	2323 S. Florida Avenue
CITY-ST-ZIP	LAKE WALES FL	3.4 CITY-ST-ZIP	Lakeland, FL 33803
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, LOUIS J	4.2 NAME	
STREET ADDRESS	59 LAKE MORTON DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33806	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTONELLO, ROBERT L	5.2 NAME	
STREET ADDRESS	141 E. CENTRAL AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, J. MICHAEL	6.2 NAME	
STREET ADDRESS	1026 S. FLORIDA AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

Lois Williams
LOIS WILLIAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-99

941-6828492

Date

Daytime Phone #

CR2E037 (11/98)