

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000013072

**FILED**  
**Oct 25, 2007**  
**Secretary of State**

**Entity Name:** POLK SHERIFF'S CHARITIES, INC.

**Current Principal Place of Business:**

455 N. BROADWAY AVE.  
BARTOW, FL 33830

**New Principal Place of Business:**

**Current Mailing Address:**

455 N. BROADWAY AVE.  
BARTOW, FL 33830

**New Mailing Address:**

**FEI Number:** 20-8219397      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

DENMARK, CASSANDRA L  
455 N. BROADWAY AVE.  
BARTOW, FL 33830      US

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:** CASSANDRA DENMARK

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD      ( ) Delete  
**Name:** BADCOCK, ALYCE  
**Address:** 455 N. BROADWAY AVE.  
**City-St-Zip:** BARTOW, FL 33830

**Title:** VD      ( ) Delete  
**Name:** WATKINS, DEBBIE  
**Address:** 455 N. BROADWAY AVE.  
**City-St-Zip:** BARTOW, FL 33830

**Title:** CD      ( ) Delete  
**Name:** HILL, F.E. JR.  
**Address:** 455 N. BROADWAY AVE.  
**City-St-Zip:** BARTOW, FL 33830

**Title:** SD      ( ) Delete  
**Name:** HOGAN, JAMES  
**Address:** 455 N. BROADWAY AVE.  
**City-St-Zip:** BARTOW, FL 33830

**Title:** TD      ( ) Delete  
**Name:** SHEA, CHRISTEN  
**Address:** 455 N. BROADWAY AVE.  
**City-St-Zip:** BARTOW, FL 33830

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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:** ALYCE BADCOCK

PD

10/25/2007

Electronic Signature of Signing Officer or Director

Date