

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737069

Entity Name: POLK COUNTY TRIAL LAWYERS ASSOCIATION, INC.**Current Principal Place of Business:**1101 ROLLING WOODS LANE
LAKELAND, FL 33813**Current Mailing Address:**POST OFFICE BOX 1061
BARTOW, FL 33830 US**FEI Number:** 59-2617614**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CURTIS, CLINTON A
141 5TH, NW
WINTER HAVEN, FL 33883 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title P
Name THORNTON, CHRYSTAL M
Address POST OFFICE BOX 2783
City-State-Zip: LAKELAND FL 33830

Title S
Name HAAS, BRIAN W
Address POST OFFICE BOX 9000, DRAWER SA
City-State-Zip: BARTOW FL 33831

Title D
Name CROSBY, SAMUEL G
Address 2323 S FLORIDA AVE
City-State-Zip: LAKELAND FL 33803

Title DIRECTOR
Name ABARAY, GREG
Address 5835 US HIGHWAY 98 SOUTH
City-State-Zip: LAKELAND FL 33812

Title VP
Name HOLDEN, LANCE I
Address 117 AVENUE B., SW
City-State-Zip: WINTER HAVEN FL 33880

Title T
Name WILLIAMS, LOUIS J
Address POST OFFICE BOX 2836
City-State-Zip: LAKELAND FL 33806

Title D
Name MEEKS, KAREN
Address 415 E. MAIN STREET, #206
City-State-Zip: BARTOW FL 33830

Title DIRECTOR
Name BUNN, R. SCOTT
Address 99 6TH STREET
City-State-Zip: WINTER HAVEN FL 33880

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I hereby 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 all other like empowered.

SIGNATURE: LOUIS J WILLIAMS**TREASURER****02/01/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KAY, HOWARD
Address 815 STATE ROAD 60 E
City-State-Zip: LAKE WALES FL 33853

Title DIRECTOR
Name DIMMIG, REX
Address POST OFFICE BOX 9000, DRAWER PD
City-State-Zip: BARTOW FL 33830

Title DIRECTOR
Name FRANKLIN, JAMES R
Address POST OFFICE BOX 50
City-State-Zip: BARTOW FL 33830