

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766319

Entity Name: POLK THEATRE, INC.

Current Principal Place of Business:

121 SOUTH FLORIDA AVENUE
LAKELAND, FL 33801

Current Mailing Address:

139 SOUTH FLORIDA AVENUE
LAKELAND, FL 33801 US

FEI Number: 59-2274522

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIKORA, LESLIE A
139 SOUTH FLORIDA AVENUE
LAKELAND, FL 33801 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 CHAIRMAN
Name VREELAND, KYLE
Address 139 SOUTH FLORIDA AVENUE
City-State-Zip: LAKELAND FL 33801

Title PRESIDENT, CEO
Name SIKORA, LESLIE A
Address 139 SOUTH FLORIDA AVENUE
City-State-Zip: LAKELAND FL 33801

Title SECRETARY
Name SCHICHTEL, MATTHEW H
Address 139 SOUTH FLORIDA AVENUE
City-State-Zip: LAKELAND FL 33801

Title TREASURER
Name CRENSHAW, BRAD
Address 139 SOUTH FLORIDA AVENUE
City-State-Zip: LAKELAND FL 33801

Title ASST. TREASURER
Name WEEKS, J J
Address 139 SOUTH FLORIDA AVENUE
City-State-Zip: LAKELAND FL 33801

Title OTHER [ADVISORY BOARD CHAIR]
Name BUNCH, JEAN H
Address 139 SOUTH FLORIDA AVENUE
City-State-Zip: LAKELAND FL 33801

Title TRUSTEE
Name MILLER, GRANT G
Address 139 SOUTH FLORIDA AVENUE
City-State-Zip: LAKELAND FL 33801

Title TRUSTEE
Name RUTHVEN, JOE L
Address 139 SOUTH FLORIDA AVENUE
City-State-Zip: LAKELAND FL 33801

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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: LESLIE A SIKORA

PRESIDENT/CEO

02/08/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TRUSTEE
Name STUDIALE, JIM
Address 139 SOUTH FLORIDA AVENUE
City-State-Zip: LAKELAND FL 33801

Title TRUSTEE
Name WOOD, ANA
Address 139 SOUTH FLORIDA AVENUE
City-State-Zip: LAKELAND FL 33801