

**2024 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 TRUSTEE  
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 TREASURER  
Name SCHICHTEL, MATTHEW H  
Address 139 SOUTH FLORIDA AVENUE  
City-State-Zip: LAKELAND FL 33801

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

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

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

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

Title TRUSTEE  
Name ARTY, GATE  
Address 139 S 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 SIKORA

**PRESIDENT/CEO**

**03/21/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           CHAIRMAN  
Name           EDWARDS, JAMES H  
Address        139 S FLORIDA AVENUE  
City-State-Zip: LAKELAND FL 33801