

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000006861

Entity Name: POLK VISION, INC.

**Current Principal Place of Business:**

600 N. BROADWAY AVE., SUITE201  
SUITE #201  
BARTOW, FL 33830

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**0186502384CC**

**Current Mailing Address:**

600 N. BROADWAY AVE., SUITE201  
SUITE #201  
BARTOW, FL 33830 US

**FEI Number: 20-0141870**

**Certificate of Status Desired: Yes**

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

LONG, KIM N.  
600 N. BROADWAY AVE., SUITE201  
SUITE #201  
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: KIM N. LONG

04/30/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ED  
Name LONG, KIM N  
Address 600 N. BROADWAY AVE., SUITE201  
SUITE #201  
City-State-Zip: BARTOW FL 33830

Title IMMEDIATE PAST CHAIR  
Name THOMPSON, ELAINE  
Address 1324 LAKELAND HILLS BLVD  
City-State-Zip: LAKELAND FL 33805

Title DIRECTOR  
Name LITTLETON, GREG  
Address 222 STATE ROAD 60 E  
City-State-Zip: LAKE WALES FL 33853

Title CHAIRMAN  
Name NIKDEL, ALEX  
Address 62 4TH STREET NW  
City-State-Zip: WINTER HAVEN FL 33811

Title CHAIR ELECT  
Name MILLER, GERALD  
Address 2051 OLD SCENIC HIGHWAY  
City-State-Zip: LAKE WALES FL 33898-7594

Title TREASURER  
Name BUTTERFIELD, STACY  
Address 225 N BROADWAY AVE  
City-State-Zip: BARTOW FL 33830

Title OPERATING BOARD  
CHAIR/DIRECTOR  
Name BRIGMAN, TERRY  
Address 228 S MASSACHUSETTS AVE  
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR  
Name BYRD, JACKIE  
Address 1915 S FLORAL AVE  
BARTOW  
City-State-Zip: BARTOW FL 33830

**Continues on page 2**

*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: KIM LONG

EXECUTIVE DIRECTOR

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title MAYORAL REPRESENTATIVE / DIRECTOR  
Name DANTZLER, BRAD  
Address 451 3RD STREET NW  
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR  
Name FALCONETTI, ANGELA  
Address 999 AVE H NE  
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR  
Name FREEMAN, JIM  
Address 330 W CHURCH ST  
City-State-Zip: BARTOW FL 33831

Title DIRECTOR  
Name MADRID, LARRY  
Address 2030 FL-60  
City-State-Zip: BARTOW FL 33830

Title DIRECTOR  
Name MARTINEZ, TERESA  
Address 4927 SOUTHFORK DR  
City-State-Zip: LAKELAND FL 33813

Title DIRECTOR  
Name DELGADO, TONY  
Address 228 S MASSACHUSETTS AVE  
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR  
Name WILSON, LYNN  
Address 1915 S FLORAL AVE  
City-State-Zip: BARTOW FL 33830

Title DIRECTOR  
Name LOCKWOOD, DOUG  
Address 255 MAGNOLIA AVE SW  
City-State-Zip: WINTER HAVEN FL 33880

Title DIRECTOR  
Name MALOTT, SEAN  
Address 5908 HILLSIDE HEIGHTS DR  
City-State-Zip: LAKELAND FL 33812

Title DIRECTOR  
Name WILSON, RICK  
Address 330 W CHURCH ST  
City-State-Zip: BARTOW FL 33831