

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000013072

Entity Name: POLK SHERIFF'S CHARITIES, INC.**Current Principal Place of Business:**1891 JIM KEENE BLVD
WINTER HAVEN, FL 33880**Current Mailing Address:**1891 JIM KEENE BLVD
WINTER HAVEN, FL 33880**FEI Number:** 20-8219397**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GIBSON, ANNE L
1891 JIM KEENE BLVD
WINTER HAVEN, FL 33880 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	PD
Name	BADCOCK, ALYCE
Address	1891 JIM KEENE BLVD
City-State-Zip:	WINTER HAVEN FL 33880

Title	CHAIRMAN
Name	HILL, F.E. JR.
Address	1891 JIM KEENE BLVD
City-State-Zip:	WINTER HAVEN FL 33880

Title	DIR
Name	MCDONALD, ANDRIA
Address	1891 JIM KEENE BLVD
City-State-Zip:	WINTER HAVEN FL 33880

Title	BOARD OF DIRECTORS
Name	PRUITT, MICHAEL
Address	1891 JIM KEENE BLVD
City-State-Zip:	WINTER HAVEN FL 33880

Title	TREASURER
Name	MCGEE, MIKE
Address	1891 JIM KEENE BLVD
City-State-Zip:	WINTER HAVEN FL 33880

Title	VP
Name	HOGAN, JAMES
Address	1891 JIM KEENE BLVD
City-State-Zip:	WINTER HAVEN FL 33880

Title	SECRETARY
Name	HIBBARD, ANGIE
Address	1891 JIM KEENE BLVD
City-State-Zip:	WINTER HAVEN FL 33880

Title	BOARD OF DIRECTORS
Name	DANIELS, COURTNEY
Address	1891 JIM KEENE BLVD
City-State-Zip:	WINTER HAVEN FL 33880

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: ANDRIA MCDONALD**EXECUTIVE DIRECTOR****01/13/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date