

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

DOCUMENT# N14000010756

**Entity Name:** PLAY IT FORWARD POLK, INC.**Current Principal Place of Business:**921 SUCCESS AVENUE  
LAKELAND, FL 33803**Current Mailing Address:**921 SUCCESS AVENUE  
LAKELAND, FL 33803 US**FEI Number:** 47-2579201**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**TOMLIN, RON  
921 SUCCESS AVENUE  
LAKELAND, FL 33803 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:** RONALD W. TOMLIN

02/19/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name FRANKEL-BRICE, AMANDA  
Address 829 EAST PALMETTO  
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR  
Name CALHOON, TIM  
Address 739 PARK HILL AVENUE  
City-State-Zip: LAKELAND FL 33801

Title CHAIRMAN  
Name TOMLIN, RONALD W  
Address 921 SUCCESS AVENUE  
City-State-Zip: LAKELAND FL 33803

Title VC  
Name CORNISH, ROI  
Address 921 SUCCESS AVENUE  
City-State-Zip: LAKELAND FL 33803

Title DIRECTOR  
Name MARTY JONES  
Address P.O. BOX 2397  
City-State-Zip: LAKELAND FL 33806

Title DIRECTOR  
Name MCCARTER, STEVE  
Address 921 SUCCESS AVENUE  
City-State-Zip: LAKELAND FL 33803

Title DIRECTOR  
Name FLEMING, ROBIN  
Address 508 LAKE MARIAM TERRACE  
City-State-Zip: WINTER HAVEN FL 33884

Title SECRETARY  
Name OLDENKAMP, PATRICIA  
Address 314 WEST PALM DRIVE  
City-State-Zip: LAKELAND FL

**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:** RON TOMLIN

CHAIRMAN

02/19/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MCCARTER, CONNIE  
Address 921 SUCCESS AVE  
City-State-Zip: LAKELAND FL 33803

Title DIRECTOR  
Name BROWN, CLIFF  
Address 2981 BLACKWATER CREEK DRIVE  
City-State-Zip: LAKELAND FL 33810

Title DIRECTOR  
Name HOUSER, SARA  
Address 157 BROWNING CR.  
City-State-Zip: WINTER HAVEN FL 33884