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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701871 (6)

1. Corporation Name

TAXPAYERS LEAGUE OF POLK COUNTY, INC.



Principal Place of Business

Mailing Address

160 E SUMERLIN
SUITE 206
BARTOW FL 33830
US

P. O. BOX 1089
PO BOX 1089
BARTOW FL 33831-1089
US

3. Date Incorporated or Qualified
01/04/1961

3a. Date of Last Report
04/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
59-0910855

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINDA MORRELL
3653 SOUTHCREST BLVD.
LAKELAND FL 33813

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Linda Morrell
Signature, typed or printed name of registered agent and title if applicable.

Linda Morrell, Exec. Director

4-15-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WILLIAM J LOADHOLTES
STREET ADDRESS 315 N ORANGE AVE
CITY-ST-ZIP FT. MEADE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE VD
NAME BARNETT, HOYT R.
STREET ADDRESS 1936 GEORGE JENKINS BLVD
CITY-ST-ZIP LAKELAND FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE VD
NAME CHARLES HENRY
STREET ADDRESS P. O. BOX 1427
CITY-ST-ZIP LAKE WALES FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE TSD
NAME HOLT R BARNETT
STREET ADDRESS 1936 GEORGE JENKINS BLVD.
CITY-ST-ZIP LAKELAND FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE MD
NAME LINDA MORRELL
STREET ADDRESS 3653 SOUTHCREST BLVD.
CITY-ST-ZIP LAKELAND FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE VD
NAME JEFFREY K STOKES
STREET ADDRESS 1855 OLD LAKE WALES RD
CITY-ST-ZIP BARTOW FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Linda Morrell
Signature, typed or printed name of signing officer or director

4-15-97

941-534-8635

CR2E037 (9/96)