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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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
24 25 29 30

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
LINDA MORRELL
3653 SOUTHCREST BLVD.
LAKELAND FL 33813

10. Name and Address of New Registered Agent
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* Linda Morrell, Exec. Director 4-15-97
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILLIAM J LOADHOLTES	
STREET ADDRESS	315 N ORANGE AVE	
CITY-ST-ZIP	FT. MEADE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BARNETT, HOYT R.	
STREET ADDRESS	1936 GEORGE JENKINS BLVD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHARLES HENRY	
STREET ADDRESS	P. O. BOX 1427 N/A	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	HOLT R BARNETT	
STREET ADDRESS	1936 GEORGE JENKINS BLVD.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	LINDA MORRELL	
STREET ADDRESS	3653 SOUTHCREST BLVD.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JEFFREY K STOKES	
STREET ADDRESS	1855 OLD LAKE WALES RD	
CITY-ST-ZIP	BARTOW FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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* Linda Morrell 4-15-97 941-534-8635
(Signature, typed or printed name of signing officer or director Date

CR2E037 (9/96)