

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

**160 E SUMERLIN
SUITE 206
BARTOW FL 33630
US**

Mailing Address

**P. O. BOX 1089
PO BOX 1089
BARTOW FL 33830
US**



3. Date Incorporated or Qualified

01/04/1961

4. FEI Number

59-0910855

Applied For

Not Applicable

2. Principal Place of Business

21 41 Lake Morton Dr.

Suite, Apt. #, etc.

22 Ste. 5

City & State

23 Lakeland, FL.

Zip

24 33801

Country

25 US

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

27 City & State

City & State

28 Zip

29 Country

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ 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 E. Morrell **Linda E. Morrell**

4-30-98

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** ☐ DELETE

NAME **WILLIAM J LOADHOLTES**

STREET ADDRESS **315 N ORANGE AVE**

CITY-ST-ZIP **FT. MEADE FL**

TITLE **VD** ☐ DELETE

NAME **BARNETT, HOYT R.**

STREET ADDRESS **1936 GEORGE JENKINS BLVD**

CITY-ST-ZIP **LAKELAND FL**

TITLE **VD** ☐ DELETE

NAME **CHARLES HENRY**

STREET ADDRESS **P O BOX 1427 N/A**

CITY-ST-ZIP **LAKE WALES FL**

TITLE **TSD** ☐ DELETE

NAME **HOLT R BARNETT**

STREET ADDRESS **1936 GEORGE JENKINS BLVD.**

CITY-ST-ZIP **LAKELAND FL**

TITLE **MD** ☐ DELETE

NAME **LINDA MORRELL**

STREET ADDRESS **3653 SOUTHCREST BLVD.**

CITY-ST-ZIP **LAKELAND FL**

TITLE **VD** ☐ DELETE

NAME **JEFFREY K STOKES**

STREET ADDRESS **1655 OLD LAKE WALES RD**

CITY-ST-ZIP **BARTOW FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 E. Morrell **Linda E. Morrell**

4-30-98 941-686-0048

CR2E037 (10/97)