

FILE NOW: FILING FEE IS \$61.25

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Apr 16, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 701871

1. Corporation Name

TAXPAYERS LEAGUE OF POLK COUNTY, INC.

Principal Place of Business

41 LAKE MORTON DR
 STE 5
 LAKELAND FL 33801
 US

Mailing Address

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/04/1961	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0910855	
24 Country		29 Country		30 Country	
25 Country		29 Country		30 Country	
24 Country		29 Country		30 Country	

\$8.75 Additional Fee Required

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINDA MORRELL
 3653 SOUTHCREST BLVD. - Address change ->
 LAKELAND FL 33813

81 Name **Linda E. Morrell**
 82 Street Address (P.O. Box Number is Not Acceptable) **41 Lake Morton Dr. Ste 5**
 83 City **Lakeland** FL 85 Zip Code **33801**

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 Morrell, Executive Director 3-31-99

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Fred Else, President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM J LOADHOLTES		1.2 NAME	618 S. Lakeshore Blvd.	
STREET ADDRESS	315 N ORANGE AVE		1.3 STREET ADDRESS	Lake Wales, FL 33853	
CITY-ST-ZIP	FT. MEADE FL		1.4 CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNETT, HOYT R.		2.2 NAME	Roger Strickland	
STREET ADDRESS	1936 GEORGE JENKINS BLVD		2.3 STREET ADDRESS	41 Lake Morton Dr.	
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES HENRY		3.2 NAME	Ernie Straughn	
STREET ADDRESS	P O BOX 1427 N/A		3.3 STREET ADDRESS	2005 East Edgewood Dr	
CITY-ST-ZIP	LAKE WALES FL		3.4 CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	TSO	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLT R BARNETT		4.2 NAME	James A. Janna	
STREET ADDRESS	1936 GEORGE JENKINS BLVD.		4.3 STREET ADDRESS	41 Lake Morton Dr.	
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	MD	<input type="checkbox"/> DELETE	5.1 TITLE	Executive Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA MORRELL		5.2 NAME	Linda Morrell	
STREET ADDRESS	3653 SOUTHCREST BLVD.		5.3 STREET ADDRESS	41 Lake Morton Dr. Ste 5	
CITY-ST-ZIP	LAKELAND FL		5.4 CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	VD	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY K STOKES		6.2 NAME		
STREET ADDRESS	1655 OLD LAKE WALES RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL		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, with all other like empowered.

SIGNATURE:

Linda E. Morrell, Linda Morrell 3-31-99 941-686-0048

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E037 (1/98)