FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703948 (0)

1. Corporation Name
POLK COUNTY SCHOLARSHIP FUND INC.

Principal Place of Business	Mailing Address
601 HAWTHORNE TRAIL P.O. BOX 3140 LAKELAND FL 33802-0140	601 HAWTHORNE TRAIL P.O. BOX 3140 LAKELAND FL 33802-0140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/25/1962
3a. Date of Last Report: 02/17/1994
4. FEI Number: 23-7152214 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILSON, LYNN K., JR. 302 AVENUE A S.W. WINTER HAVEN 33880	81 Name 82 Street Address (P.O. Box Numbers Not Acceptable) 1804 9TH ST SE 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 4/14/95
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	TD	1.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, LYNN K., JR.	1.2 NAME	
STREET ADDRESS	1804 9TH STREET, S.E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	REYNOLDS, GLENN	2.2 NAME	
STREET ADDRESS	4235 OLD COLONY ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	STROUPE, CYNTHIA	3.2 NAME	
STREET ADDRESS	995 24TH STREET, N.E.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	NOBLE, KAY	4.2 NAME	
STREET ADDRESS	4628 BURGUNDAY PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	☐ Change ☐ Addition
NAME	KENDRICK, PAM	5.2 NAME	
STREET ADDRESS	632 ORIOLE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] LYNN K. WILSON, JR. 4/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #