

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 718019 (3)
1. Corporation Name
POLK ASSOCIATION OF INSURANCE AGENTS, INC.



Principal Place of Business
**143 W. BROADWAY
FT. MEADE FL 33841
US**

Mailing Address
**P. O. BOX 300
FT. MEADE FL 33841
US**

3. Date Incorporated or Qualified
02/06/1970

3a. Date of Last Report
07/31/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State					
23		28					
Zip		Country					
24		29					
25		30					

9. Name and Address of Current Registered Agent

**MCBRIDE, PATSY
143 W. BROADWAY
FT. MEADE FL 33841**

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

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 type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, JIM	1.2 NAME	
STREET ADDRESS	1500 6TH ST NW	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLINGSWORTH, DENNIS	2.2 NAME	
STREET ADDRESS	311 S. TENNESSEE AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	2.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBRIDE, PATSY	3.2 NAME	
STREET ADDRESS	143 W. BROADWAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. MEADE FL	3.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALE, ROBERT	4.2 NAME	
STREET ADDRESS	309 S. TENNESSEE AVE.	4.3 STREET ADDRESS	Jacquelyn Staack
CITY - ST - ZIP	LAKELAND FL	4.4 CITY - ST - ZIP	260 Ave. A SW
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKWELDER, LARRY	5.2 NAME	
STREET ADDRESS	1330 HAVENDALE BLVD	5.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, SYBIL	6.2 NAME	Sybil Chapman
STREET ADDRESS	1129 US HWY 98 S	6.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	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)(k), 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: *Patsy McBride* **Patsy McBride** 2-24-96 941-285-7134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

D
Rebecca Haines
205 Ave G SW
Winter Haven FL 33883

D
Carolyn Dicks
5250 Dundee Rd
Winter Haven, FL 33884'

D
Maxine Cook
595 6th St NW
Winter Haven FL 33881