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 # 730718

1. Corporation Name

POLK COUNTY HISTORICAL ASSOCIATION, INC

800001831548
-05/21/96--01037--046
***61.25

Principal Place of Business	Mailing Address
Bartow, Florida	P. O. Box 2749 Bartow, FL. 338 31-2749

2. Principal Place of Business 21 180 N. Central Ave. Suite, Apt #, etc 22 City & State 23 Bartow, Florida Zip / Country 24 33831-~~xxxxx~~ ~~xxxxxx~~ USA	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip / Country 29 30	3. Date Incorporated or Qualified RE-INSTATED 8/28/95 3a. Date of Last Report 4. FEI Number Applied For X 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

DONALD H. WILSON, JR
~~150~~ 100 E. Davidson St.
P. O. Box 1578
Bartow, FL. 33831

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Bob Bass ~~P. O. Box 3888 Flotcher Ave.~~ 3133 Fletcher Ave Eaton Park, FL. 33840 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Ray Albritton 4830 Bethlehem Rd. Mulberry, FL. 33860 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET A / 24 CITY-ST	D Dr. James M. Denham 729 Woodhill Rd. Lakeland, FL. 33813
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SSS Kay George ~~P. O. Box 397~~ 3135 Fletcher Ave. Eaton Park, FL. 33840 ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T. Mary Frances Dewell 16 Lake Hunter Dr. Lakeland, FL. 33803 ☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Peggy Burr 511 E. McCrorie St. Lakeland, FL. 33803-3400 ☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Doy Copeland 13-B Moore Rd. Haines City, FL. 33844 ☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (12/95)

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: Mary Frances Dewell MARY FRANCES DEWELL 4/23/96 (941)-682-7111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #