**FILE NOW: FILING FEE IS $61.25**

FILED
Feb 05 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 # **730718** **(4)**

1. Corporation Name
**POLK COUNTY HISTORICAL ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| POST OFFICE BOX 2749<br>BARTOW FL 33830 | P.O. BOX 2749<br>BARTOW FL 33831-2749 |

3. Date Incorporated or Qualified: 09/18/1974
4. FEI Number: 23-7450875 ☐ 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. 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

| 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**

WILSON, DONALD H JR
150 EAST DAVIDSON STREET
BARTOW FL 33830

**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 signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | T/D | ☐ Change ☒ Addition |
| NAME | WRIGHT, FREDDIE | | 1.2 NAME | THURNHILL, PAUL M. | |
| STREET ADDRESS | 1215 SOUTH ORANGE AVENUE | | 1.3 STREET ADDRESS | 2435 Peterson Rd | |
| CITY-ST-ZIP | BARTOW FL 33830 | | 1.4 CITY-ST-ZIP | LAKELAND, FL 33813 | |
| TITLE | VPD | ☐ DELETE | 2.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | ALBRITTON, RAY | | 2.2 NAME | DENHAM, JAMES | |
| STREET ADDRESS | 4830 BETHLEHEM ROAD | | 2.3 STREET ADDRESS | 729 WOODHill Drive | |
| CITY-ST-ZIP | MULBERRY FL 33860 | | 2.4 CITY-ST-ZIP | LAKELAND, FL 33813 | |
| TITLE | T | ☒ DELETE | 3.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | DEWELL, MARY F | | 3.2 NAME | BOWMAN, HAZEL | |
| STREET ADDRESS | 16 LAKE HUNTER DRIVE, APT. A-108 | | 3.3 STREET ADDRESS | 511 N.E. -9th AVE | |
| CITY-ST-ZIP | LAKELAND FL 33803 | | 3.4 CITY-ST-ZIP | MULBERRY, FL 33860-2620 | |
| TITLE | SD | ☐ DELETE | 4.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | PICKLES, LINDA | | 4. 2 NAME | GRAY, JOY | |
| STREET ADDRESS | 995 PINECREST DRIVE | | 4.3 STREET ADDRESS | 996 AVE X, N.W | |
| CITY-ST-ZIP | BARTOW FL 33830 | | 4.4 CITY-ST-ZIP | WINTER HAVEN, FL 33881-1455 | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | BURR, PEGGY | | 5.2 NAME | HUBENER, HAL | |
| STREET ADDRESS | 511 E. MCCRORIE ST. | | 5.3 STREET ADDRESS | 524 Michigan Ave | |
| CITY-ST-ZIP | LAKE LAND FL 33803-3400 | | 5.4 CITY-ST-ZIP | Lakeland, FL 33801 | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | COPELAND, DOY | | 6.2 NAME | HARRIS, MM. LLoyd | |
| STREET ADDRESS | 13-B MOORE RD. | | 6.3 STREET ADDRESS | 565 W. Pearl St. | |
| CITY-ST-ZIP | HAINES CITY FL 33844 | | 6.4 CITY-ST-ZIP | BARTOW, FL 33830 | |

CR2E037 (10/97)

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: [signature] TREASURER/ DIRECTOR PAUL M. THURNHILL JAN 20 1998 941-646-1980