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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730718

1. Corporation Name

POLK COUNTY HISTORICAL ASSOCIATION, INC.

Principal Place of Business
POST OFFICE BOX 2749
BARTOW FL 33830

Mailing Address
P.O. BOX 2749
BARTOW FL 33831-2749



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

09/18/1974

22 City & State

27 City & State

4. FEI Number
23-7450875

Applied For
Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 ☐ DELETE
NAME WRIGHT, FREDDIE
STREET ADDRESS 1215 SOUTH ORANGE AVENUE
CITY-ST-ZIP BARTOW FL 33830

1.1 TITLE TD ☐ Change ☒ Addition
1.2 NAME PAUL THORNHILL, PAUL M.
1.3 STREET ADDRESS 2435 Peterson Rd
1.4 CITY-ST-ZIP LAKE LAND, FL 33813

TITLE VPD ☐ DELETE
NAME ALBRITTON, RAY
STREET ADDRESS 4830 BETHLEHEM ROAD
CITY-ST-ZIP MULBERRY FL 33860

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME ETHEREDGE, EDWARD
2.3 STREET ADDRESS 1850 MARIPOSA AVE
2.4 CITY-ST-ZIP BARTOW, FL 33830

TITLE D ☐ DELETE
NAME BOWMAN, HAZEL
STREET ADDRESS 511 NE 9TH AVE
CITY-ST-ZIP MULBERRY FL 33860-2620

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME MCCALL, Betty
3.3 STREET ADDRESS P.O. BOX 182
3.4 CITY-ST-ZIP HOMELAND, FL 33847

TITLE SD ☐ DELETE
NAME PICKLES, LINDA
STREET ADDRESS 995 PINECREST DRIVE
CITY-ST-ZIP BARTOW FL 33830

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME HARRIS, LLOYD
4.3 STREET ADDRESS 565 W. Pearl St
4.4 CITY-ST-ZIP BARTOW, FL 33830

TITLE D ☐ DELETE
NAME BURR, PEGGY
STREET ADDRESS 511 E. MCCORRIE ST.
CITY-ST-ZIP LAKE LAND FL 33803-3400

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME BENHAM, JAMES
5.3 STREET ADDRESS 729 WOODHILL DR.
5.4 CITY-ST-ZIP LAKE LAND, FL 33813

TITLE D ☐ DELETE
NAME COPELAND, DOY
STREET ADDRESS 13-B MOORE RD.
CITY-ST-ZIP HAINES CITY FL 33844

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME GRAY, JOY
6.3 STREET ADDRESS 996 AVE X-NW
6.4 CITY-ST-ZIP WINTER HAVEN, FL 33881

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: *Don Wright* *Paul Thornhill* *Edward Etheredge* *Betty McCall* *Lloyd Harris* *James Benham* *Joy Gray*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TREASURER
DIRECTOR JAN 13 1999
Date
Daytime Phone # 941-646-1980

CR2E037 (1/98)