2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State
02-08-2000 90053 005 ****61.25

DOCUMENT # 730718

1. Entity Name

POLK COUNTY HISTORICAL ASSOCIATION, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-7450875 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILSON, DONALD H JR 150 EAST DAVIDSON STREET BARTOW FL 33830	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WRIGHT, FREDDIE 1215 SOUTH ORANGE AVENUE BARTOW FL 33830	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D DR. EDWARD E. ETHEREDGE 1850 MARIPOSA AVE. BARTOW, FL, 33830	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ALBRITTON, RAY 4830 BETHLEHEM ROAD MULBERRY FL 33860	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D W. LLOYD HARRIS 565 W. PEARL ST BARTOW, FL, 33830	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOWMAN, HAZEL 511 NE 9TH AVE MULBERRY FL 33860-2620	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D PAUL THORNHILL 2435 PETERSON AVE. LAKELAND, FL, 33813-3222	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PICKLES, LINDA 995 PINECREST DRIVE BARTOW FL 33830	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D SUE SELLERS 6931 NEWMAN CIRCLE EAST LAKELAND, FL, 33813-2566	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURR, PEGGY 511 E. MCCRORIE ST. LAKE LAND FL 33803-3400	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DR. JAMES DENHAM 729 WOODHILL DR. LAKELAND, FL, 33813	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COPELAND, DOY 13-B MOORE RD. HAINES CITY FL 33844	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BETTY McCALL FOURTH STREET HOMELAND, FL, 33847	☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward E. Etheredge SIGNATURE REQUIRED EDWARD E. ETHEREDGE 1/31/2000 863-534-1636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #