


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90033 006 ****61.25

DOCUMENT # 730718
 1. Entity Name
 POLK COUNTY HISTORICAL ASSOCIATION, INC.



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

40015695



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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|---|---------------------------------------|
| 4. FEI Number 23-7450875 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 WILSON, DONALD H JR
 150 EAST DAVIDSON STREET
 BARTOW, FL 33830

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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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ETHEREDGE, EDWARD 1850 MARIPOSA AVENUE BARTOW, FL 33830 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD DENHAM, JAMES M 729 WOODHILL DRIVE LAKELAND, FL 33813 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD THORNHILL, PAUL 2435 PETERSON ROAD LAKELAND, FL 338133222 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD JARRETT, KATHRYN 1536 HOLLY ROAD LAKELAND, FL 33801 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BURR, PEGGY 806 W. PATTERON STREET LAKE LAND, FL 338031450 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COPELAND, DOY 13-B MOORE RD. HAINES CITY, FL 33844 |

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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: *Paul M Thornhill* PAUL M Thornhill - Treasurer 2-6-05 863-646-1980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #