2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State
01-17-2003 90144 014 ****61.25

0087127

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

☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WRIGHT, FREDDIE 1215 SOUTH ORANGE AVENUE BARTOW FL 33830	☐ Delete	PRES - D DR. ED ETHERIDGE 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	D William 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	D ODELL ROBINSON 1190 Clinton St BARTOW, FL 33830	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SELLERS, SUE 6931 NEWMAN CIR E LAKELAND FL 33813-2566	☐ Delete	D Melvin Sellers 6931 Newman Circle E Lakeland, FL 33811	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURR, PEGGY 511 E. MCCRORIE ST. LAKE LAND FL 33803-3400	☐ Delete	D Doc S. Wesson, JR 1002 S. Success Ave Lakeland, FL 33803	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COPELAND, DOY 13-B MOORE RD. HAINES CITY FL 33844	☐ Delete	D Betty McCall PO Box 182 Homeland, FL 33847	☐ Change ☒ Addition

CR2E037 (10/02)

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: Signature of Officer/Director Date 1-15-03 863-646-1950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR