

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768099 (4)

1. Corporation Name

IMPERIAL POLK GENEALOGICAL SOCIETY, INC.

Principal Place of Business

P.O. BOX 10
KATHLEEN FL 33849

Mailing Address

P.O. BOX 10
KATHLEEN FL 33849-00103. Date Incorporated or Qualified
04/22/19833a. Date of Last Report
05/17/19964. FEI Number
59-2890045Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIDSON, ALVIE L.
4825 N. GALLOWAY RD
KATHLEEN FL 33809
LAKE LAND, FL 33810

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

TITLE PD
NAME STONE, KAY
STREET ADDRESS 2240 BANANA RD
CITY-ST-ZIP LAKE LAND FL 33809 ☐ DELETETITLE VPD
NAME GOODRICH, ROSA
STREET ADDRESS 1018 THELMA DR
CITY-ST-ZIP WINTER HAVEN FL 33880 ☐ DELETETITLE SD
NAME GAIL S. HUTCHINSON
STREET ADDRESS 150 E HAINES
CITY-ST-ZIP LAKE ALFRED FL 33850 ☐ DELETETITLE TD
NAME MCKENZIE, GINGER
STREET ADDRESS 2025 SYLVESTER RD #G-1
CITY-ST-ZIP LAKE LAND FL ☐ DELETETITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ZIP 338102.1 TITLE VPD
2.2 NAME GOODRICH, ROSA
2.3 STREET ADDRESS 2018 THELMA DR
2.4 CITY-ST-ZIP WINTER HAVEN FL 33881 ☒ Change ☐ Addition3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE TD
4.2 NAME MCKENZIE, GINGER
4.3 STREET ADDRESS 1711 John Arthur Way
4.4 CITY-ST-ZIP Lakeland FL 33803 ☒ Change ☐ Addition5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

Virginia L. McKenzie

Date

Daytime Phone # 0053789

CR2E037 (9/96)