FILED
Jul 04, 2002 8:00 am
Secretary of State
02-17-2002 90043 025 ****61.25

2/17

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768099

1. Entity Name

IMPERIAL POLK GENEALOGICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
P.O.BOX 10 KATHLEEN FL 33849	P.O.BOX 10 KATHLEEN FL 33849

[redacted]

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 59-2890045 ☐ 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
DAVIDSON, ALVIE L 4825 N. GALLOWAY RD. LAKELAND FL 33810	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 DAVIDSON, ALVIE L 4825 N GALLOWAY RD LAKELAND FL 33810	☐ Delete	Treasurer - Director Joyce L. Bode 4906 Colonnades Circle E. Lakeland, FL 33811	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SANDS, BETTY 1805 S WESTGATE AVE LAKELAND FL 33803	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GAIL S. HUTCHINSON 150 E HAINES LAKE ALFRED FL 33850	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DAVIS, KENNETH E 563 PETREL CIRCLE LAKELAND FL 33809	☒ Delete	Dorothy Wewe 5410 Harbor Dr. E, Trustee Lakeland, FL 33809 Director	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E007 (9/01)

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: Gail S. Hutchinson GAIL S. HUTCHINSON 1-12-02 (863) 956-3461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Sec.