

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768099

**FILED**  
**Feb 16, 2012**  
**Secretary of State**

**Entity Name:** IMPERIAL POLK GENEALOGICAL SOCIETY, INC.

**Current Principal Place of Business:**

4825 N. GALLOWAY RD  
LAKELAND, FL 33810

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 10  
KATHLEEN, FL 33849

**New Mailing Address:**

**FEI Number:** 80-0644660

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVIDSON, ALVIE  
4825 N. GALLOWAY RD.  
LAKELAND, FL 33810 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PPD  
Name: DAVIDSON, ALVIE  
Address: 4825 N. GALLOWAY RD.  
City-St-Zip: LAKELAND, FL 33810

Title: PD  
Name: STONE, KAY  
Address: 2240 BANANA ROAD  
City-St-Zip: LAKELAND, FL 33810

Title: SD  
Name: HUTCHINSON, GAIL  
Address: PO BOX 1000  
City-St-Zip: LAKE ALFRED, FL 33850

Title: TD  
Name: BODE, JOYCE L  
Address: 4906 COLONNADES CIRCLE E  
City-St-Zip: LAKELAND, FL 33811

Title: D  
Name: OBERHAUS, MONA  
Address: 1510 ARIANA #434  
City-St-Zip: LAKELAND, FL 33803

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOYCE L. BODE

TREA

02/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date