

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90032 020 ****61.25

DOCUMENT # N06549

1. Corporation Name

POLK COUNTY COUNCIL ON ECONOMIC EDUCATION, INC.

Principal Place of Business

%JUDY E. JOHNSON
35 LAKE MORTON DRIVE
LAKELAND FL 33801

Mailing Address

%JUDY E. JOHNSON
35 LAKE MORTON DRIVE
LAKELAND FL 33801



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/10/1984

4. FEI Number

59-2475819

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**JOHNSON, JUDY E.
35 LAKE MORTON DRIVE
LAKELAND FL 33801**

10. Name and Address of New Registered Agent

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 **D** ☐ DELETE

NAME **SIKES, CHRIS**
STREET ADDRESS **1434 FAIRHAVEN DRIVE**
CITY-ST-ZIP **LAKELAND FL**

TITLE **CD** ☐ DELETE

NAME **HOLLIS, MARK C.**
STREET ADDRESS **1222 LAKE HOLLINGSWORTH DRIVE**
CITY-ST-ZIP **LAKELAND FL**

TITLE **TD** ☐ DELETE

NAME **JEFFARES, DONALD J.**
STREET ADDRESS **5660 LAKE POINT BLVD.**
CITY-ST-ZIP **LAKELAND FL**

TITLE **D** ☐ DELETE

NAME **GLEN DAVIDSON**
STREET ADDRESS **210 HIGHWAY 27**
CITY-ST-ZIP **DUNDEE FL 33838**

TITLE **D** ☐ DELETE

NAME **MOORE, THOMAS W., JR.**
STREET ADDRESS **2025 SYLVESTER ROAD**
CITY-ST-ZIP **LAKELAND FL**

TITLE **D** ☒ DELETE

NAME **ISAAC, LARRY**
STREET ADDRESS **1916 INVERNESS DR**
CITY-ST-ZIP **LAKELAND FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D

KELLY NORTON

1214 BRIGHTON WAY

LAKELAND, FL 33813

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D

HOWARD LEVASSEUR

999 OLEANDER DRIVE, SOUTHEAST

WINTER HAVEN, FL 33880

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D

ERNEST SMITH

STATE ROAD 60 BY PASS

BARTOW, FL 33830

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

D

TOM DAVIDSON

3107 POST OAK COURT

WINTER HAVEN, FL 33884

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

Donald J. Jeffares
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99 941-816-1500
Date Daytime Phone #

CR2E037 (1/98)