

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004024

FILED
Jan 14, 2012
Secretary of State

Entity Name: THE NORTHEAST POLK COUNTY HISTORICAL SOCIETY, INCORPORATED

Current Principal Place of Business:

1001 INGRAHAM AVE
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

PO BOX 4113
HAINES CITY, FL 338454113

New Mailing Address:

FEI Number: 59-3753780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARDNER, SHARON C
112 EAST GRAHAM PARK DR
HAINES CITY, FL 33844 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: P
Name: VANDIVER, FRANCES
Address: PO BOX 2009
City-St-Zip: HAINES CITY, FL 33845

Title: VP
Name: WATTS, JAMES
Address: 110 WOODLAND DR
City-St-Zip: HAINES CITY, FL 33844

Title: S
Name: THOMASON, BOB
Address: 709 DUFFER LANE
City-St-Zip: POINCIANA, FL 34759

Title: D
Name: MARKUSON, DONNA
Address: 70 ENCLAVE DR
City-St-Zip: WINTER HAVEN, FL 33894

Title: D
Name: GAMPER, BILL
Address: PO BOX 293
City-St-Zip: HAINES CITY, FL 33844

Title: D
Name: LOVETTE, JAMES
Address: 315 N 13TH ST
City-St-Zip: HAINES CITY, FL 33844

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: KURT VAHLE

TREA

01/14/2012

Electronic Signature of Signing Officer or Director

Date