

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000007753

FILED
Mar 21, 2012
Secretary of State

Entity Name: POLK COUNTY FAMILY WEEK, INC.

Current Principal Place of Business:

1700 NORTH LAKE ELOISE DRIVE
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

1700 NORTH LAKE ELOISE DRIVE
WINTER HAVEN, FL 33884

New Mailing Address:

FEI Number: 45-3230716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATERS, LORI
1700 NORTH LAKE ELOISE DRIVE
WINTER HAVEN, FL 33884 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: WATERS, LORI
Address: 1700 NORTH LAKE ELOISE DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: S
Name: HOPKINS, CINDY
Address: 1311 LEONE DR
City-St-Zip: HAINES CITY, FL 33844

Title: T
Name: LANE, KELLY
Address: PO BOX 763
City-St-Zip: LAKE LAND, FL 33802

Title: D
Name: WHEELER, MARGARET ANNE
Address: PO BOX 391
City-St-Zip: BARTOW, FL 33831

Title: D
Name: GARRISON, DAPHNE
Address: 7401 CYPRESS GARDENS BLVD
City-St-Zip: WINTER HAVEN, FL 33880

Title: D
Name: YOUNG, DORIS
Address: 5204 US HWY 98 SOUTH
City-St-Zip: LAKE LAND, FL 33813

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: LORI WATERS

P

03/21/2012

Electronic Signature of Signing Officer or Director

Date