

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

1995 5-195

B-6576

OF CORPORATIONS XC

APPROVED
AND
FILED

93 MAY -1 AM 10:15

DOCUMENT # N13652

(5)

1. Corporation Name

SEMINOLE CLUB OF POLK COUNTY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

JAMES R MEYER
P O BOX 1071
BARTOW FL 33830

JAMES R MEYER
P O BOX 1071
BARTOW FL 33830

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1986

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2665019

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S 190.022,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEYER, JAMES R.
225 SOUTH CENTRAL AVENUE
BARTOW FL 33830

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD
NAME	BORIS, ELLEN D.
STREET ADDRESS	1205 E GEORGIA ST
CITY - ST - ZIP	BARTOW FL
TITLE	S
NAME	BENNETT, DEBBIE
STREET ADDRESS	2417 AVENUE B S.W. #A
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	BD
NAME	ROBERTS, JOHN JR.
STREET ADDRESS	2010 OVERLOOK DR.
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	BD
NAME	MCASHAN, VAUGHN
STREET ADDRESS	228 OVERLOOK DRIVE
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	BD
NAME	MCGLAMORY, TOM
STREET ADDRESS	5950 IMPERIAL LAKES BLVD
CITY - ST - ZIP	LAKELAND FL
TITLE	PD
NAME	KNITT, DON
STREET ADDRESS	2014 BARDMOOR CIRCLE SE
CITY - ST - ZIP	WINTER HAVEN FL

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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.

SIGNATURE:

Ellen D. Boris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ellen D. Boris

4/30/95

813/533-3070