

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N21830 (7)

1. Corporation Name

POLK COUNTY CHRISTMAS ANGELS, INC.



Principal Place of Business

1025 SOUTH COMBEE ROAD  
P.O. BOX 4  
LAKELAND FL 33802-0004

Mailing Address

1025 SOUTH COMBEE ROAD  
P.O. BOX 4  
LAKELAND FL 33802-0004

3. Date Incorporated or Qualified

07/31/1987

3a. Date of Last Report

02/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2871301

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORRISON, JOSEPH A  
5410 S. FLORIDA AVENUE, SD  
LAKELAND FL 33803

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 officer 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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME TOLEDO, SANDRA  
STREET ADDRESS P.O. BOX 4 N/A  
CITY-ST-ZIP LAKELAND FL

11 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME MCBRIDE, SHIRLEY HILL  
STREET ADDRESS 1038 N MADISON  
CITY-ST-ZIP LAKELAND FL 33801

12 NAME ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME RIZER, ROBERT  
STREET ADDRESS 116 PAINE DRIVE  
CITY-ST-ZIP WINTER HAVEN FL

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE STD ☐ DELETE

NAME HARRINGTON, JUDY  
STREET ADDRESS P.O. BOX 3804 N/A  
CITY-ST-ZIP LAKELAND FL

21 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME TOLEDO, DAVID  
STREET ADDRESS 5115 N. SOCRUM LOOP RD. #454  
CITY-ST-ZIP LAKELAND FL 33809

22 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME MCDONALD, RANDALL  
STREET ADDRESS 1311 ROBINHOOD LANE  
CITY-ST-ZIP LAKELAND FL

23 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

24 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 119.07(3)(k), 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:

Sandra E. Toledo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96  
Date

941-534-7100 x65  
Daytime Phone #

CR2E037 (12/95)