

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
07/31/19873a. Date of Last Report
02/14/19964. FEI Number
59-2871301Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

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 **PD** ☐ DELETE
NAME **TOLEDO, SANDRA**
STREET ADDRESS **P.O. BOX 4 N/A**
CITY - ST - ZIP **LAKELAND FL**TITLE **VD** ☐ DELETE
NAME **MCBRIDE, SHIRLEY HILL**
STREET ADDRESS **1038 N MADISON**
CITY - ST - ZIP **LAKELAND FL 33801**TITLE **VD** ☐ DELETE
NAME **RIZER, ROBERT**
STREET ADDRESS **116 PAINE DRIVE**
CITY - ST - ZIP **WINTER HAVEN FL**TITLE **STD** ☐ DELETE
NAME **HARRINGTON, JUDY**
STREET ADDRESS **P.O. BOX 3804 N/A**
CITY - ST - ZIP **LAKELAND FL**TITLE **D** ☐ DELETE
NAME **TOLEDO, DAVID**
STREET ADDRESS **5115 N. SOCRUM LOOP RD. #454**
CITY - ST - ZIP **LAKELAND FL 33809**TITLE **D** ☐ DELETE
NAME **MCDONALD, RANDALL**
STREET ADDRESS **1311 ROBINHOOD LANE**
CITY - ST - ZIP **LAKELAND FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP**000002068740**
-01/27/97--01007--014
*****61.25**

14. I do 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.

SIGNATURE:

Sandra E. Toledo **Sandra E. Toledo**

1/8/97

941-680-5546

Daytime Phone # 0052504

CR2E037 (9/96)