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Feb 15, 1999 8:00am
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02-15-1999 90014 046 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21830

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/31/1987

4. FEI Number

59-2871301

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

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-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

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

Y15/99

941-858-2901
Date Daytime Phone #

CR2E037 (11/98)