

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N23407

1. Corporation Name

POLK CITY GRANGE, NO. 212 INC.

Principal Place of Business

% EVELYN AKIN
5339 GRIMES RD
POLK CITY FL 33868
US

Mailing Address

% EVELYN AKIN
5339 GRIMES RD
POLK CITY FL 33868
US

FILED
Mar 24, 1999 8:00 am
Secretary of State

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2. Principal Place of Business

21 **Beatrice Kinney**

Suite, Apt. #, etc.

22 City & State

23 **Lakeland FL**

Zip Country

24 **33810** 25 **US**

2a. Mailing Address

26 **3143 Orange Grove Ct.**

Suite, Apt. #, etc.

27 City & State

28 **Lakeland FL**

Zip Country

29 **33810** 30 **US**

3. Date Incorporated or Qualified

11/10/1987

4. FEI Number

59-2969222

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

AKIN, EVELYN B
5339 GRIMES RD
POLK CITY FL 33868

10. Name and Address of New Registered Agent

81 Name **Beatrice S. Kinney**

82 Street Address (P.O. Box Number is Not Acceptable)

3143 Orange Grove Ct.

83 **Lakeland**

84 City **Lakeland**

FL

85 Zip Code
33810

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 **Beatrice S. Kinney**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VPD** ☒ DELETE
NAME **AKIN, ELMER F**
STREET ADDRESS **5339 GRIMES RD**
CITY-ST-ZIP **POLK CITY FL**

TITLE **PD** ☒ DELETE
NAME **HUNT, EDWARD**
STREET ADDRESS **752 N CITRUS GROVE BLVD**
CITY-ST-ZIP **POLK CITY FL**

TITLE **SD** ☒ DELETE
NAME **AKIN, EVELYN**
STREET ADDRESS **5339 GRIMES RD**
CITY-ST-ZIP **POLK CITY FL**

TITLE **D** ☒ DELETE
NAME **SHORT, DELIA**
STREET ADDRESS **740 CITRUS CIR**
CITY-ST-ZIP **POLK CITY FL**

TITLE **D** ☒ DELETE
NAME **BENEDICT, IRMA**
STREET ADDRESS **2731 AVE T, N.W.**
CITY-ST-ZIP **POLK CITY FL**

TITLE **D** ☐ DELETE
NAME **COY, DILLARD**
STREET ADDRESS **728 CITRUS CIR**
CITY-ST-ZIP **POLK CITY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VPD** ☒ Change ☐ Addition
1.2 NAME **SKIP Harding**
1.3 STREET ADDRESS **PO Box 451238 N/A**
1.4 CITY-ST-ZIP **Kissimmee, FL 34745**

2.1 TITLE **PD** ☒ Change ☐ Addition
2.2 NAME **Dennis Akin**
2.3 STREET ADDRESS **5339 Grimes Rd,**
2.4 CITY-ST-ZIP **Polk city, FL 33868**

3.1 TITLE **SD** ☒ Change ☐ Addition
3.2 NAME **Beatrice Kinney**
3.3 STREET ADDRESS **3143 Orange Grove Ct.**
3.4 CITY-ST-ZIP **Lakeland, FL 33810**

4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME **Helen Arnold**
4.3 STREET ADDRESS **PO Box 296 N/A**
4.4 CITY-ST-ZIP **Eaton Park, FL 33840**

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **Jessie Kirby**
5.3 STREET ADDRESS **4350 Briarwood Cir NW**
5.4 CITY-ST-ZIP **Auburndale, FL 33823**

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: **Beatrice S. Kinney** **SIGNATURE REQUIRED** **Mar. 19, 1999** **(941) 859-0932**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(11/98)