FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 18 PM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26184 (4)

1. Corporation Name

POLK, HARDEE AND HIGHLANDS AIDS SERVICES AND EDU CATION, INC.

Principal Place of Business	Mailing Address
146 E. MAIN STREET BARTOW FL 33830	1245 E. MAIN STREET BARTOW FL 33830

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1988
3a. Date of Last Report: 04/07/1994
4. FEI Number: 59-2907200 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SPROUL, CHARLES 42 MURCOTT LAKELAND FL 33803	81 82 THELMA BEST 1526 Carioca Drive 83 Lakeland, FL 33801 84

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: Thelma M. Best, President/Board of Directors 2-9-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition
NAME	SPROUL, CHARLES	1.2 NAME	D
STREET ADDRESS	42 MURCOTT	1.3 STREET ADDRESS	Thelma Best, President 33801
CITY-ST-ZIP	LAKELAND FL 33803	1.4 CITY-ST-ZIP	1526 Carioca Dr, Lakeland, FL
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	CULBERT, VIRGINIA	2.2 NAME	D
STREET ADDRESS	235 CHAUCER LANE	2.3 STREET ADDRESS	The Rev. Warren Thompson, Vice Pres.
CITY-ST-ZIP	WINTER HAVEN FL 33884	2.4 CITY-ST-ZIP	P.O. Box 1606 (N/A) Winter Haven, FL 33882-1606
TITLE	V	3.1 TITLE	☒ Change ☐ Addition
NAME	SANDERS, CHARLANN	3.2 NAME	D
STREET ADDRESS	5545 PHEASANT DR	3.3 STREET ADDRESS	Lloyd Godwin, Treasurer
CITY-ST-ZIP	MULBERRY FL 33860	3.4 CITY-ST-ZIP	3611 Jacque Lee Lane Lakeland, FL 33803
TITLE	T	4.1 TITLE	☒ Change ☐ Addition
NAME	SMITH, CHRISTINE	4.2 NAME	C
STREET ADDRESS	6525 CREWS LAKE HILLS LOOP W.	4.3 STREET ADDRESS	Carolyne Fearnow
CITY-ST-ZIP	LAKELAND FL 33813	4.4 CITY-ST-ZIP	1725 Petersburg Avenue Lakeland, FL 33803
TITLE	C	5.1 TITLE	☒ Change ☐ Addition
NAME	BAUM, BOB	5.2 NAME	C
STREET ADDRESS	1045 CUMBERLAND ST	5.3 STREET ADDRESS	Robert Baum
CITY-ST-ZIP	LAKELAND FL 33801	5.4 CITY-ST-ZIP	1045 Cumberland Street Lakeland, FL 33801
TITLE	C	6.1 TITLE	☒ Change ☐ Addition
NAME	BEST, THELMA	6.2 NAME	D
STREET ADDRESS	1526 CARIOCA DR	6.3 STREET ADDRESS	Virginia Culbert
CITY-ST-ZIP	LAKELAND FL 33801	6.4 CITY-ST-ZIP	235 Chaucer Lane Winter Haven, FL 33884

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)(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: [signature] 2/20/95 (813)688-4981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CONTINUED