

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N26184 (4)

1. Corporation Name

POLK, HARDEE AND HIGHLANDS AIDS SERVICES AND EDUCATION, INC.



Principal Place of Business

Mailing Address

1245 E. MAIN STREET
BARTOW FL 33830

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BARTOW FL 33830

3. Date Incorporated or Qualified

04/29/1988

3a. Date of Last Report

04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 114 S. MAIN ST

26 114 S. MAIN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 AUBURNDALE FL

27 City & State
28 AUBURNDALE FL

24 Zip Country
EL 33802 US

29 Zip Country
33802 US

4. FEI Number

59-2807200

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

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

BEST, THELMA
1526 CARIOCA DRIVE
LAKELAND FL 33801

81 Name

MICHAEL G MURPHY

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

4955 GRAND BLVD

83

84 City

LAKELAND

FL

85 Zip Code

33813

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 M.G. MURPHY, TREASURER

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

(NOTE: Registered Agent signature required when reinstating)

28 JUL 96

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	BEST, THELMA	1526 CARIOCA DR.	LAKELAND FL	<input checked="" type="checkbox"/>
VPO	THOMPSON, REV. WARREN	PO BOX 1806 N/A	WINTER HAVEN FL	<input checked="" type="checkbox"/>
TD	GODWIN, LLOYD	3611 JACQUE LEE LANE	LAKELAND FL	<input type="checkbox"/>
C	FEARNOW, CAROLYNNE	1725 PETERSBURG AVENUE	LAKELAND FL	<input checked="" type="checkbox"/>
C	BAUM, ROBERT	1045 CUMBERLAND ST	LAKELAND FL	<input checked="" type="checkbox"/>
D	CULBERT, VIRGINIA	235 CHAUCER LANE	WINTER HAVEN FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PD	RICKY T HODGES	4955 GRAND BLVD	LAKELAND FL 33813	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VPO	CAROLYN WOODARD	POB 8035	LAKELAND FL 33802	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	MICHAEL G MURPHY	4955 GRAND BLVD	LAKELAND FL 33813	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	LLOYD GODWIN	3611 JACQUE LEE LANE	LAKELAND FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition

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: M.G. MURPHY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 JULY 96

Date

941-965-0409

Daytime Phone #