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FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

114 S. MAIN STREET
AUBURDALE FL 33802
US

Mailing Address

114 S MAIN STREET
AUBURDALE FL 33823
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

04/29/1988

3a. Date of Last Report

06/05/1996

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 Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MURPHY, MICHAEL
4955 GRAND BLVD
LAKELAND FL 33813

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
NAME HODGES, RICHY T
STREET ADDRESS 4955 GRAND BLVD
CITY-ST-ZIP LAKELAND FL ☐ DELETETITLE VD
NAME WOODARD, CARLOYN
STREET ADDRESS P.O. BOX 8035 N/A
CITY-ST-ZIP LAKELAND FL ☐ DELETETITLE TD
NAME GODWIN, LLOYD
STREET ADDRESS 3611 JACQUE LEE LANE
CITY-ST-ZIP LAKELAND FL ☒ DELETETITLE D
NAME GODWIN, LLOYD
STREET ADDRESS 3611 JACQUE LEE LANE
CITY-ST-ZIP LAKELAND FL ☒ DELETETITLE TD
NAME MURPHY, MICHAEL
STREET ADDRESS 4955 GRAND BLVD
CITY-ST-ZIP LAKELAND FL ☐ DELETETITLE D
NAME CULBERT, VIRGINIA
STREET ADDRESS 235 CHAUCER LANE
CITY-ST-ZIP WINTER HAVEN FL ☐ DELETE

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 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:

MICHAEL S. MURPHY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 JUL 97

Date

Daytime Phone # 0076874

CR2E037 (9/96)