


FILE NOW: FILING FEE IS \$61.25

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Mar 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N26184 (4)**  
1. Corporation Name  
**POLK, HARDEE AND HIGHLANDS AIDS SERVICES AND EDUCATION, INC.**

Principal Place of Business <b>114 S. MAIN STREET AUBURDALE FL 33802 US</b>	Mailing Address <b>114 S MAIN STREET AUBURDALE FL 33802 US</b>
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3. Date Incorporated or Qualified <b>04/29/1988</b>
4. FEI Number <b>59-2907200</b>
Applied For Not Applicable

2. Principal Place of Business <b>21 2050 HAYENDALE BLVD Suite, Apt. #, etc. N.W.</b>	2a. Mailing Address <b>26 2050 HAYENDALE BLVD NW</b>
22 City & State <b>WINTER HAVEN FL</b>	27 City & State <b>WINTER HAVEN FL</b>
24 Zip <b>33881</b>	25 Country <b>POLK</b>
28 Zip <b>33881</b>	30 Country <b>POLK</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MURPHY, MICHAEL 4955 GRAND BLVD LAKELAND FL 33813</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HODGES, RICHY T</b>		1.2 NAME	
STREET ADDRESS <b>4955 GRAND BLVD</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>LAKELAND FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WOODARD, CARLOYN</b>		2.2 NAME	
STREET ADDRESS <b>P.O. BOX 8035 N/A</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>LAKELAND FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>MURPHY, MICHAEL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MURPHY, MICHAEL</b>		3.2 NAME	
STREET ADDRESS <b>4955 GRAND BLVD</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>LAKELAND FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CULBERT, VIRGINIA</b>		4.2 NAME	
STREET ADDRESS <b>235 CHAUCER LANE</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>WINTER HAVEN FL</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Michael B. Murphy* **MICHAEL B. MURPHY** 23-Feb-98 941-425-0173

CR25037 (10/97)