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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N32753

1. Corporation Name

NURSING EXECUTIVES OF POLK COUNTY, INC.

Principal Place of Business

101 AVE. O. S.E.
 WINTER HAVEN FL 33880
 US

Mailing Address

PO BOX 90352
 LAKELAND FL 33804-352
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country
 24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country
 29 30

3. Date Incorporated or Qualified

06/12/1989

4. FEI Number

59-2969977

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

CAROL REEDER
 101 AVE. O. S.E.
 WINTER HAVEN FL 33880

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 D ☐ DELETE
 NAME REEDER, CAROL
 STREET ADDRESS 101 AVE. O. S.E.
 CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE D ☐ DELETE
 NAME FOJTIK, MARTY
 STREET ADDRESS 134 ARIANA AVE
 CITY-ST-ZIP AUBURNDAL FL 33823

TITLE D ☐ DELETE
 NAME FANSLER, JANET
 STREET ADDRESS 1324 LAKELAND HILLS BLVD.
 CITY-ST-ZIP LAKELAND FL 33805

TITLE DV ☒ DELETE
 NAME BARNHART, ANN
 STREET ADDRESS 301 S 10TH ST
 CITY-ST-ZIP HAINES CITY FL

TITLE T ☒ DELETE
 NAME REEDER, CAROL
 STREET ADDRESS 101 AVE. O SE
 CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE T ☒ DELETE
 NAME LOVE, LYNN
 STREET ADDRESS 10129 FOX CENTRAL
 CITY-ST-ZIP POLK CITY FL 33868

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
 1.2 NAME Reeder, Carol
 1.3 STREET ADDRESS 101 Ave. O., S.E.
 1.4 CITY-ST-ZIP Winter Haven, Fl. 33880

2.1 TITLE T ☒ Change ☐ Addition
 2.2 NAME Fojtik, Marty
 2.3 STREET ADDRESS 2846 Recker Hwy.
 2.4 CITY-ST-ZIP Winter Haven, Fl. 33880

3.1 TITLE S ☒ Change ☐ Addition
 3.2 NAME Fansler, Janet
 3.3 STREET ADDRESS 1324 Lakeland Hills Blvd.
 3.4 CITY-ST-ZIP Lakeland, Fl. 33805

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 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:

Carol Reeder

2/1/1999

(941) 294-7011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)