

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N33460** (9)
1. Corporation Name
COALITION FOR CHOICE OF POLK COUNTY, INC.



Principal Place of Business Mailing Address
**P.O. BOX 434
LAKELAND FL 33802** **P.O. BOX 434
LAKELAND FL 33802**

| | | | | | |
|--------------------------------|---------|---------------------|---------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 07/28/1989 | 3a. Date of Last Report 04/26/1995 |
| 21 | | 26 | | 4. FEI Number 59-2961895 | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 22 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| City & State | | City & State | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 23 | | 28 | | | |
| Zip | Country | Zip | Country | | |
| 24 | | 25 | | | |
| 29 | | 30 | | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CUTHBERTSON, BARBARA J.
1104 MARTIN LUTHER KING JR. AVE
LAKELAND FL 33805**

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 85 | Zip Code |

FL

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92 | |
|----------------------------|---|--|---|
| TITLE | D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOL, JODY | 1.2 NAME | CUTHBERTSON, BARBARA |
| STREET ADDRESS | 1000 PENNSYLVANIA AVE. S. | 1.3 STREET ADDRESS | 6715 Taylor Road |
| CITY-ST-ZIP | LAKELAND FL 33803 | 1.4 CITY-ST-ZIP | Lakeland, FL 33811 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HALL, SHARLEEN | 2.2 NAME | |
| STREET ADDRESS | 3553 RAIN TREE CIRCLE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL 33803 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OWENS, A ANNE | 3.2 NAME | |
| STREET ADDRESS | 3555 RAIN TREE WAY | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL | 3.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CUTHBERTSON, BARBARA J. | 4.2 NAME | |
| STREET ADDRESS | 6715 TAYLOR ROAD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL | 4.4 CITY-ST-ZIP | 33811 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | 800001750898 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | -03/20/96--01052--011 |
| STREET ADDRESS | | 5.3 STREET ADDRESS | ***61.25 |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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: **BARBARA J. CUTHBERTSON** 2/15/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
1941 688-2146

CR2E037 (12/95)