

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT #** N45421 (7)  
1. Corporation Name

**FIBROMYALFIA/POLYMYALGIA OUTREACH OF POLK  
COUNTY, INC.**

Principal Place of Business: 3910 Sunnybrook Lane  
Lakeland, FL 33801  
Mailing Address: 3910 Sunnybrook Lane  
Lakeland FL 33801

3. Date Incorporated or Qualified: 10-02-91  
3a. Date of Last Report: 02-08-95  
4. FEI Number: 59-3092592  
Applied For: ☐  
Not Applicable: ☐

2. Principal Place of Business: 21 10000 U.S. 98 N.  
Suite, Apt. #, etc.: 22 Lot 250  
City & State: 23 Lakeland FL  
Zip: 24 33809  
Country: 25 Polk  
2a. Mailing Address: 26 P.O. Box 92823  
Suite, Apt. #, etc.: 27  
City & State: 28 Lakeland FL  
Zip: 29 33804-2823  
Country: 30 Polk

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

ROHDE DOROTHY M.  
3910 Sunnybrook Lane  
Lakeland FL 33801

## 10. Name and Address of New Registered Agent

81 Name: BECKER, PAT  
82 Street Address (P.O. Box Number is Not Acceptable): 10000 U.S. 98 N., Lot 250  
83  
84 City: Lakeland FL 85 Zip Code: 33809

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: *Pat Becker*  
Signature, typed or printed name of registered agent and title if applicable.

Pat Becker, President 6-4-96

(NOTE: Registered Agent signature required when re-stating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE DP	Rohde, Dorothy M.	<input checked="" type="checkbox"/> DELETE
NAME	3910 Sunnybrook Lane	
STREET ADDRESS	Lakeland FL 33801	
CITY - ST - ZIP		
TITLE DTP	ROHDE, DOROTHY M.	<input checked="" type="checkbox"/> DELETE
NAME	3910 Sunnybrook Lane	
STREET ADDRESS	Lakeland FL 33801	
CITY - ST - ZIP		
TITLE DV	Stafford, Pamela	<input checked="" type="checkbox"/> DELETE
NAME	1102 Skye Place	
STREET ADDRESS	Lakeland, FL 33801	
CITY - ST - ZIP		
TITLE DS	Harris, Rebecca	<input checked="" type="checkbox"/> DELETE
NAME	1527 Mariner Road	
STREET ADDRESS	Lakeland FL 33803	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

## 13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DPT	Becker, Pat	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	10000 U.S. 98 N., Lot 250	
13 STREET ADDRESS	Lakeland FL 33809	
14 CITY - ST - ZIP		
21 TITLE DVP	Henderickson, Lois	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	1112 W. Beacon Rd., Lot 52	
23 STREET ADDRESS	Lakeland FL 33803	
24 CITY - ST - ZIP		
31 TITLE DVP	Hooker, Mary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	4203 Carlisle Rd.	
33 STREET ADDRESS	Lakeland FL 33813	
34 CITY - ST - ZIP		
41 TITLE DS	Robinson, Margee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	2425 Harden Blvd., #263	
43 STREET ADDRESS	Lakeland FL 33803	
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	400001859744	
53 STREET ADDRESS	-06/12/96--01043--041	
54 CITY - ST - ZIP	***61.25	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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:

*Margee Robinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Margee Robinson, Secretary

6-4-96 (941)688-8703

Date

Daytime Phone #

CR2E037 (12/95)