

FILE NOW: FILING FEE IS \$61.25

FILED
May 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N45421			
1. Corporation Name FIBROMYALGIA / POLYMYALGIA OUTREACH OF POLK COUNTY INC.			
Principal Place of Business P.O. BOX 92823 LAKE LAND, FL		Mailing Address 33804-2823	
2. Principal Place of Business 21 10,000 US 98N LOT 250 Suite, Apt. #, etc.		2a. Mailing Address 26 PO Box 92823 Suite, Apt. #, etc.	
22 City & State 23 LAKE LAND FL		27 City & State 28 LAKE LAND FL	
24 Zip 33809 Country USA		29 Zip 33804 Country USA	
3. Date incorporated or Qualified OCT 2, 1991			
3a. Date of Last Report JUNE 4, 1996			
4. FEI Number 59-3092592			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent PATRICIA M BECKER 10,000 US 98N LOT 250 LAKE LAND FL 33809			
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 Patricia M Becker DATE May 21/97 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
12 NAME			
13 STREET ADDRESS			
14 CITY - ST - ZIP			
21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP			
31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
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 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: **Patricia M. Becker** President **May 21/97** 9H-853-4774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)