W+

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N45421

(7)

FIBROMYALGIA/POLYMYALGIA OUTREACH OF POLK COUNTY . INC.

Principal Place-of Business

Mailing Address

FILED
May 19 1998 8:00am
Secretary of State

|--|

rinicipalinace	, braniesa	Maining Address				
10000 U.S. 987K. LAKELAND FL 23809		P.O. BOX 92823 LAKELAND FL 33804-2823		3. Date Incorporated or Qualified		
				10/02/1991		
ns ,	•	US		4. FEI Number	Applied For	
				59-3092592	Not Applicable	
2. Principal Pi	ace of Business -7 Scott LakeRd	2a. Mailing Address 26 P. O. Boy	12823	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Suite, Apt.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be	
22		27		Trust Fund Contribution	Added to Fees	
City & State		City & State 28 Labelan	ra 3l	7. Is this nonprofit corporation a homeowna		
Zip	Country	2ip 8 0 4 -	Country	8. This corporation owes or has paid the cu	ırrent year Intangible ☐ Yes No	
24 338	25 POLK		30 POLK	Personal Property Tax due June 30. 10. Name and Address of New Registered		
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 Name						
		Ginger Harvey				
				82 Street Address (P.O. Fox Number is Not Acceptable)		
	10000 U.S. 98 N.			15-7 SLATE BOLDE 1	<u>C-/(</u>	
LAKELAND FL 33809				•		
1/11	seria Salver	ms -	84 City	akeland FL	85 Zio Code	
44 Burguent	the provisions of Sections 617.0502	ant 617 1508 Florida Statuta	e the above-named	corporation submits this statement for the burgose r	of changing its registered	
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.						
agent. I ar	n faniliar with, and accept the obligati	ons of Section 617.0503, Flor	rida Statutes.		MAN W'CD	
SIGNATURE _	Signature, yeld or printed name of registered agent	and tillo angueshia (NOTE:	: Registered Agent signature	required when reinstating) DATE	11VM Y 70	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIBECTORS IN 12	
TITLE	DPT	DELETE	1.1 TITLE	PD	D DIBECTORS IN 12 Change Addition	
NAME	BECKER, PAT	•	1.2 NAME	Hannay Gunger &	_	
STREET ADDRESS	10000 U.S. 98 N.		1,3 STREET ADDRESS	Harvey Ginger ;	୍ଟେ ଧ୍ର	
CITY-ST-ZIP	LAKELAND FL 33809		1.4 CITY-ST-ZIP	Lake land FL 33813	34.	
TITLE	DVP	DELETE	2.1 TITLE		☐ Change ☐ Addition ○	
NAME	HENDRICKSON, LOIS		2.2 NAME	C		
STREET ADDRESS	1112 W. BEACON RD., LOT 52)	2.3 STREET ADDRESS	aame		
CITY-ST-ZIP	LAKELAND FL 33803	•	2. 4 CITY - ST - ZIP			
TITLE	DVP	☐ DELETE	3.1 TITLE		Change Addition	
NAME	HOOKER, MARY		3.2 NAME			
STREET ADDRESS	4103 CARLISLE RD.		3.3 STREET ADDRESS	dane		
CITY-ST-ZIP	LAKELAND FL 33813		3.4. CITY - ST- ZIP			
TITLE	DS	☐ DELETE	4.1 TITLE	A A	Change Addition	
NAME	ROBINSON, MARGEE		4. 2 NAME	TOBELIZZO 4	89 / L	
STREET ADDRESS	2425 HARDEN BLVD., #263		4.3 STREET ADDRESS		// /	
CITY-ST-ZIP	LAKELAND FL 33803		4.4 CITY-ST-ZIP	***81.25		
TITLE	D	☐ DELETE	5.1 TITLE		Change Addition	
NAME	PARCEL, JEAN		5.2 NAME		NNA	
STREET ADDRESS	1711 TERRA ALTA DR		5.3 STREET ADDRESS	Dane	J. 811.	
CITY-ST-ZIP	LAKELAND FL 33813		5.4 CITY-ST-ZIP		1 /	
TITLE	E HER HID I C GOOTO	DELETE	6.1 TIFLE	DT D. C	Change Addition	
NAME		_	6.2 NAME	Borbie Bishof 1820 E. Pollock Rd		
STREET ADDRESS			6.3 STREET ADDRESS	1820 & Pollock Rd		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Lakeland FL 33813	DED \$61.25	
	andly that the information pupplied with	this filing does not qualify for		and in Section 119 07/3)(i) Florida Statutes I further of		

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.

november Wassac Can It will a

6. 2 / 68 0 - 8

2 of 2

1998-99 BOARD OF DIRECTORS FIBROMYALGIA/POLYMYALGIA OUTREACH OF POLK COUNTY, INC.

Ginger Harvey

President, Publicity, Director 5815-7 Scott Lake Road Lakeland FL 33813

619-7836

Lois Hendrickson

Vice-President, Director Morning Group Leader Speaker Chairperson

1112 W. Beacon Rd., Lot 52

Lakeland FL 33803

682-6033

Barbie Bishof

Treasurer, Director Morning literature/Books 1820 E. Pollock Road Lakeland FL 33813

648-4380

Margee Robinson

Secretary, Director

2425 Harden Blvd., #263

Lakeland FL 33803

688-8703

Mary Hooker

Harbinger Editor, Director Evening Group Leader 4103 Carlisle Road Lakeland FL 33813

644-8225

Carrie Anderson

Harbinger Asst. Editor/Layout

345 Ralph Street Bartow FL 33830

534-8089

Jean Parcel

Harbinger Writer, Director 1711 Terra Alta Drive Lakeland FL 33813

644-5728