FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 6:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003167 (4)

1. Corporation Name

REAL ESTATE COUNCIL OF POLK COUNTY, INC.

Principal Place of Business	Mailing Address
290 FIRST ST S SUITE 204 WINTER HAVEN FL 33880	290 FIRST ST S SUITE 204 WINTER HAVEN FL 33880

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/15/1993
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-3209090 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WRIGHT, CHERI J
290 FIRST ST S
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	S/D	XX Change ☐ Addition
NAME	GALLOWAY, ALBERT C JR	1.2 NAME	GALLOWAY, ALBERT C JR	
STREET ADDRESS	240 PARK AVE	1.3 STREET ADDRESS	240 Park Avenue	
CITY-ST-ZIP	LAKE WALES FL 33853	1.4 CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE	D	2.1 TITLE	P/D	XX Change ☐ Addition
NAME	WRIGHT, CHERI J	2.2 NAME	HAFF, TULA MICHELE	
STREET ADDRESS	290 FIRST ST S	2.3 STREET ADDRESS	209 Palmetto Street	
CITY-ST-ZIP	WINTER HAVEN FL 33880	2.4 CITY-ST-ZIP	Auburndale, FL 33823	
TITLE	D	3.1 TITLE	T/D	XX Change ☐ Addition
NAME	CARILLO, WILMA	3.2 NAME	CARILLO, WILMA	
STREET ADDRESS	1701 S FLORIDA AVE	3.3 STREET ADDRESS	1701 S. Florida Avenue	
CITY-ST-ZIP	LAKELAND FL 33803	3.4 CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	D	4.1 TITLE	VP/D	☐ Change XX Addition
NAME	HAFF, TULA M	4.2 NAME	MANN, JOHN	
STREET ADDRESS	209 PALMETTO	4.3 STREET ADDRESS	105 S. Florida Avenue	
CITY-ST-ZIP	AUBURNDALE FL 33823	4.4 CITY-ST-ZIP	Lakeland, Florida 33803	
TITLE	D	5.1 TITLE	D	☐ Change XX Addition
NAME	DUNLAP, GEORGE	5.2 NAME	TRAVISS, JOHN	
STREET ADDRESS	245 S CENTRAL AVE	5.3 STREET ADDRESS	147 Avenue A, NW	
CITY-ST-ZIP	BARTOW FL 33830	5.4 CITY-ST-ZIP	Winter Haven, FL 33881	
~~TITLE~~	~~D~~	6.1 TITLE		XX Change ☐ Addition
~~NAME~~	~~BROOKS, STEPHEN K~~	6.2 NAME	~~BROOKS, STEPHEN K~~	
~~STREET ADDRESS~~	~~340 FIRST ST S~~	6.3 STREET ADDRESS	~~340 First Street, South~~	**DELETE**
~~CITY-ST-ZIP~~	~~WINTER HAVEN FL 33880~~	6.4 CITY-ST-ZIP	~~Winter Haven, FL 33880~~	

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: Tula Michele Haff TULA MICHELE HAFF President 04/04/95 (813) 965-2516
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0048807