

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 # N93000003167 (4)

1. Corporation Name

REAL ESTATE COUNCIL OF POLK COUNTY, INC.



Principal Place of Business

~~290 FIRST ST S
SUITE 204
WINTER HAVEN FL 33880~~

Mailing Address

~~290 FIRST ST S
SUITE 204
WINTER HAVEN FL 33880~~

3. Date Incorporated or Qualified
07/15/1993

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 **209 Palmetto Street**

26 **P.O. Box 1363**

4. FEI Number

59-3209090

Applied For

Not Applicable

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **Auburndale FL**

28 **Auburndale FL**

Zip

Country

Zip

Country

24 **33823**

25 **USA**

29 **33823**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~WRIGHT/CHERI J
290 FIRST ST S
WINTER HAVEN FL 33880~~

81 Name **Tula Michele Haff**

82 Street Address (P.O. Box Number is Not Acceptable)
209 Palmetto Street

83

84 City **Auburndale**

FL

85 Zip Code **33823**

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

Tula Michele Haff, Tula Michele Haff

2/19/96

Signature, typed or printed name of registered agent and title, and date.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **GALLOWAY, ALBERT C JR**
STREET ADDRESS **240 PARK AVE**
CITY - ST - ZIP **LAKE WALES FL**

1.1 TITLE **SD** ☐ Change ☒ Addition
1.2 NAME **christopher Fear**
1.3 STREET ADDRESS **P.O. Box 3**
1.4 CITY - ST - ZIP **Lakeland FL 33802-0003**

TITLE ☐ DELETE
NAME **HAFF, TULA M**
STREET ADDRESS **209 PALMETTO STREET**
CITY - ST - ZIP **AUBURDALE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☒ DELETE
NAME **CARILLO, WILMA**
STREET ADDRESS **1701 S FLORIDA AVE**
CITY - ST - ZIP **LAKELAND FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **MANN, JOHN**
STREET ADDRESS **105 S. FLORIDA AVENUE**
CITY - ST - ZIP **LAKELAND FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **TRAVISS, JOHN**
STREET ADDRESS **147 AVENUE A, NW**
CITY - ST - ZIP **WINTER HAVEN FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **Cheri Johnson Wright**
6.3 STREET ADDRESS **290 First street S. Ste. 204**
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 as an attachment with an address.

SIGNATURE:

Tula Michele Haff, President

2/19/96 941-965-2516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)