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Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003167 (4)**

1. Corporation Name

REAL ESTATE COUNCIL OF POLK COUNTY, INC.



Principal Place of Business 209 PALMETTO STREET AUBURNDALE FL 33823 US	Mailing Address P.O. BOX 1363 AUBURNDALE FL 33823-1363 US
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3. Date Incorporated or Qualified 07/15/1993	3a. Date of Last Report 02/26/1996
4. FEI Number 59-3209090	Applied For <input type="checkbox"/> Not Applicable
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	

2. Principal Place of Business 21 290 FIRST STREET SOUTH Suite, Apt. #, etc.	2a. Mailing Address 26 290 FIRST STREET SOUTH Suite, Apt. #, etc.
22 City & State 23 WINTER HAVEN, FLORIDA	27 City & State 28 WINTER HAVEN, FLORIDA
24 Zip 33823	25 Country US
29 Zip 33880	30 Country US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TULA, MICHELE H
209 PALMETTO STREET
AUBURNDALE FL 33823**

81 Name CHERI JOHNSON WRIGHT, President
82 Street Address (P.O. Box Number is Not Acceptable) 290 FIRST STREET SOUTH
83
84 City WINTER HAVEN
85 Zip Code FL 33880

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 617.0508, Florida Statutes.

SIGNATURE  **2/13/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME FEAR, CHRISTOPHER		1.2 NAME	
STREET ADDRESS P.O. BOX 3 N/A		1.3 STREET ADDRESS	
CITY-ST-ZIP LAKE LAND FL		1.4 CITY-ST-ZIP	
TITLE PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME HAFF, TULA M		2.2 NAME PTD	
STREET ADDRESS 209 PALMETTO STREET		2.3 STREET ADDRESS WRIGHT, CHERI JOHNSON	
CITY-ST-ZIP AUBURNDALE FL		2.4 CITY-ST-ZIP 290 FIRST STREET SOUTH	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME GALLOWAY, ALBERT C JR		3.2 NAME	
STREET ADDRESS 240 PARK AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP LAKE WALES FL		3.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MANN, JOHN		4.2 NAME	
STREET ADDRESS 105 S. FLORIDA AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP LAKE LAND FL		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME TRAVISS, JOHN		5.2 NAME DEBRA V. CLINE	
STREET ADDRESS 147 AVENUE A, NW		5.3 STREET ADDRESS 146 AVENUE B. NW	
CITY-ST-ZIP WINTER HAVEN FL		5.4 CITY-ST-ZIP WINTER HAVEN, FL 33801	
TITLE DT	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME JOHNSON WRIGHT, CHERI		6.2 NAME	
STREET ADDRESS 290 FIRST STREET S., STE 204		6.3 STREET ADDRESS	
CITY-ST-ZIP WINTER HAVEN FL 33880		6.4 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:  **2/13/97 941-297-0960**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0053268

CR2E037 (9/96)