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Feb 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 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

Mailing Address

290 FIRST ST SOUTH  
WINTER HAVEN FL 33823  
US

290 FIRST ST SOUTH  
WINTER HAVEN FL 33880  
US

3. Date Incorporated or Qualified

07/15/1993

4. FEI Number

59-3209090

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WRIGHT, CHERI JOHNSON  
290 1 ST SOUTH  
WINTER HAVEN FL 33880

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

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  
NAME FEAR, CHRISTOPHER  
STREET ADDRESS P.O. BOX 3 N/A  
CITY-ST-ZIP LAKELAND FL

TITLE PTD  
NAME WRIGHT, CHERI JOHNSON  
STREET ADDRESS 290 1 ST S  
CITY-ST-ZIP WINTER HAVEN FL

TITLE D  
NAME GALLOWAY, ALBERT C JR  
STREET ADDRESS 240 PARK AVENUE  
CITY-ST-ZIP LAKE WALES FL

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

TITLE D  
NAME CLINE, DEBREA L  
STREET ADDRESS 148 AVE B NW  
CITY-ST-ZIP WINTER HAVEN FL

TITLE DT  
NAME JOHNSON WRIGHT, CHERI  
STREET ADDRESS 290 FIRST STREET S., STE 204  
CITY-ST-ZIP WINTER HAVEN FL 33880

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0064890

CR2E037 (10/97)