


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000003167	
1. Entity Name REAL ESTATE COUNCIL OF POLK COUNTY, INC.	

Principal Place of Business 3399 CYPRESS GARDENS RD STE C WINTER HAVEN, FL 33884-2453 US	Mailing Address 3399 CYPRESS GARDENS RD STE C WINTER HAVEN, FL 33884-2453 US
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01272004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3209090	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HAFF, TULA M 3399 CYPRESS GARDENS RD STE C WINTER HAVEN, FL 33884-2453
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FEAR, CHRISTOPHER PO BOX 3 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HAFF, TULA M 3399 CYPRESS GARDENS RD STE C WINTER HAVEN, FL 338842453
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GALLOWAY, ALBERT C JR 240 PARK AVENUE LAKE WALES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DARBY, BEN H JR PO BOX 2451 LAKELAND, FL 33806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLINE, DEBRA L 146 AVE B NW WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT JOHNSON WRIGHT, CHERI 290 FIRST STREET S., STE 204 WINTER HAVEN, FL 33880

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Tula Michele Haff</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1/27/04 <small>Date</small>	863-324-5880 <small>Daytime Phone #</small>
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