


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000003167</b>	
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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**DO NOT WRITE IN THIS SPACE**

01192005 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	<b>DO NOT WRITE IN THIS SPACE</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2005	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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01/25/05-80104-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** Tula Michels Haff 1/18/05 863-324-5880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone \*