SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $116 (IF PAID LATE, MINIMUM AMOUNT DUE TO REINSTATE: $208)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 PM 2:41

DOCUMENT # N93000004156 (6)

1. Corporation Name

CHRISTIAN COALITION OF POLK COUNTY, INC.

Principal Place of Business	Mailing Address
555 AVENUE L. N.W. WINTER HAVEN FL 33881	P.O. BOX 965 WINTER HAVEN FL 33882

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/07/1993
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-3201543 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SMITH, H G
555 AVENUE L, N.W.
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, H G	1.2 NAME	
STREET ADDRESS	44 LAKE HOWARD DRIVE, S.W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	FEAR, C M	2.2 NAME	
STREET ADDRESS	1211 ROLLING WOOD LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, TONYA	3.2 NAME	
STREET ADDRESS	44 LAKE HOWARD DRIVE, S.W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	PATRICK, S T	4.2 NAME	
STREET ADDRESS	P.O. BOX 88	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33802	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MOSLEY, MIKE	5.2 NAME	
STREET ADDRESS	1335 CLINTON EAST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL 33830	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	READ, BILL REV	6.2 NAME	
STREET ADDRESS	4918 CELIA CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	6.4 CITY-ST-ZIP	

CR2E037 (3/95)

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)(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: H.G. Smith Dr. H.G. SMITH 8-3-95 (813)293-4249
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0014219