

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000004156 (6)

1. Corporation Name

CHRISTIAN COALITION OF POLK COUNTY, INC.



Principal Place of Business

555 AVENUE L. N.W.
WINTER HAVEN FL 33881

Mailing Address

P.O. BOX 865
WINTER HAVEN FL 33882

3. Date Incorporated or Qualified

09/07/1993

3a. Date of Last Report

08/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 date of application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
PCD
SMITH, H G
STREET ADDRESS
44 LAKE HOWARD DRIVE, S.W.
CITY-STATE-ZIP
WINTER HAVEN FL 33880

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
VD
FEAR, C M
STREET ADDRESS
1211 ROLLING WOOD LANE
CITY-STATE-ZIP
LAKELAND FL 33813

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☒ DELETE

3.1 TITLE ☒ Change ☒ Addition

NAME
~~SMITH, TONYA~~
STREET ADDRESS
44 LAKE HOWARD DRIVE, S.W.
CITY-STATE-ZIP
WINTER HAVEN FL 33880

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

SECRETARY
WAYNE BROWN
654 DUNCAN Circle West
Auburndale, FL 33823

TITLE ☒ DELETE

4.1 TITLE ☒ Change ☒ Addition

NAME
TD
PATRICK, S T
STREET ADDRESS
P.O. BOX 88
CITY-STATE-ZIP
LAKELAND FL 33802

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

STEVE MADDEN
TREASURER
1518 CLARENDON AVE.
LAKELAND, FL 33803

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
D
MOSLEY, MIKE
STREET ADDRESS
1335 CLUNTON EAST
CITY-STATE-ZIP
BARTOW FL 33830

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
D
READ, BILL REV
STREET ADDRESS
4918 CELIA CIRCLE
CITY-STATE-ZIP
LAKELAND FL 33813

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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)(k), 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

Dr. H.G. Smith (PRES.) SB-96 (941) 293-4249

Date

Daytime Phone

CR2E037 (12/95)