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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 865
WINTER HAVEN FL 33882-0865**



3. Date Incorporated or Qualified
09/07/1993

3a. Date of Last Report
05/16/1996

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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEAR, C M	2.2 NAME	Judith A. Goza VP + D
STREET ADDRESS	1211 ROLLING WOOD LANE	2.3 STREET ADDRESS	1227 O'Daniel Loop S.
CITY-ST-ZIP	LAKELAND FL 33813	2.4 CITY-ST-ZIP	Lakeland, FL 33809
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, WAYNE	3.2 NAME	
STREET ADDRESS	654 DUNCAN CIRCLE WEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDAL FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADDEN, STEVE	4.2 NAME	
STREET ADDRESS	1518 CLARENDON AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	

14. I do 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: **H. G. Smith** **3-31-97** **(941)293-4249**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0054734**

CR2E037 (9/96)