

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 # N93000005422 (1)

1. Corporation Name

EDUCATION OUTREACH COUNCIL OF POLK COUNTY, INC.



Principal Place of Business

**366 CORONA DEL MAR STREET
LAKELAND FL 33809**

Mailing Address

**366 CORONA DEL MAR STREET
LAKELAND FL 33809**

3. Date Incorporated or Qualified
12/01/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-3208218

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

**QUARY, DELL
366 CORONA DEL MAR STREET
LAKELAND FL 33809**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **QUARY, DELL**
STREET ADDRESS **POST OFFICE BOX 90463**
CITY-ST-ZIP **LAKELAND FL 33804**

TITLE **VD** ☐ DELETE
NAME **HAMILTON, DELORES**
STREET ADDRESS **1031 WEST 14TH STREET**
CITY-ST-ZIP **LAKELAND FL 33805**

TITLE **VD** ☐ DELETE
NAME **WRIGHT, CLINT**
STREET ADDRESS **1718 SIR HENRY'S**
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **SD** ☐ DELETE
NAME **ODOM, DEBRA**
STREET ADDRESS **1530 CANDYCE STREET**
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **SD** ☐ DELETE
NAME **HALL, MAY**
STREET ADDRESS **525 BUENA VISTA**
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **TD** ☐ DELETE
NAME **WARD, JIMMY**
STREET ADDRESS **1330 ALAMEDA DRIVE**
CITY-ST-ZIP **LAKELAND FL 33805**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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:

Dell Quary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

Date

Daytime Phone #

CR2E037 (12/95)