

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 # **N95000000262 (4)**

1. Corporation Name

POLK COUNTY SAVE OUR CHILDREN, INC.



Principal Place of Business

Mailing Address

**1985 LAUREL STREET
BARTOW FL 33830**

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BARTOW FL 33830**

3. Date Incorporated or Qualified

01/19/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

4. FEI Number

"Applied for"

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

**BUSH, WILLIE A
1985 LAUREL STREET
BARTOW FL 33830**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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	C	<input type="checkbox"/> DELETE
NAME	BUSH, WILLIE A	
STREET ADDRESS	1985 LAUREL STREET	
CITY - ST - ZIP	BARTOW FL 33830	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LANG, VIRGINIA C	
STREET ADDRESS	2095 GREENTREE COURT	
CITY - ST - ZIP	BARTOW FL 33830	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DOLLISON, VALERIE A	
STREET ADDRESS	1603 MEADOW LANE DR	
CITY - ST - ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSE, LUTHER J	
STREET ADDRESS	570 5TH AVENUE	
CITY - ST - ZIP	BARTOW FL 33830	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOUGLAS, FREDDIE	
STREET ADDRESS	1150 GAUSE AVENUE	
CITY - ST - ZIP	BARTOW FL 33830	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CROSS, FAYE	
STREET ADDRESS	2760 FRAZIER STREET	
CITY - ST - ZIP	BARTOW FL 33830	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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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:

Willie A. Bush
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 (944) 533-7231
Date Daytime Phone #

CR2E037 (12/95)