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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002470

1. Corporation Name

EAST POLK COUNTY COMMITTEE OF 100, INC.

Principal Place of Business

401 AVENUE B. N.W.
WINTER HAVEN FL 33881

Mailing Address

401 AVENUE B. N.W.
WINTER HAVEN FL 33881



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/25/1996

4. FEI Number

59-3444913

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

9. Name and Address of Current Registered Agent

MORROW, RON
401 AVENUE B, NW
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

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 DANTZLER, RICHARD
STREET ADDRESS 860 LAKE OTIS DR. W
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE VD ☒ DELETE
NAME WEEDER, CHUCK
STREET ADDRESS 3318 EAGLES TRACE
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE S ☒ DELETE
NAME MORROW, RON
STREET ADDRESS 264 LAKE LINK DR., SE
CITY-ST-ZIP WINTER HAVEN FL

TITLE D ☒ DELETE
NAME CLARK, TOM
STREET ADDRESS 12 BRIDGEWATER DR.
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE D ☐ DELETE
NAME DAME, JOHN H
STREET ADDRESS 325 S. GLENCRUITEN AVE.
CITY-ST-ZIP LAKE ALFRED FL 33850

TITLE T ☒ DELETE
NAME CHURCH, SKIP
STREET ADDRESS 201 MAGNOLIA AVE SW
CITY-ST-ZIP WINTER HAVEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Change ☒ Addition
1.2 NAME Robert Walker
1.3 STREET ADDRESS 100 South 10th St
1.4 CITY-ST-ZIP Haines City FL 33844

2.1 TITLE VD Change ☒ Addition
2.2 NAME Charles McPherson
2.3 STREET ADDRESS 9 Cypress Cove Rd
2.4 CITY-ST-ZIP WINTER HAVEN FL 33884

3.1 TITLE SD Change ☒ Addition
3.2 NAME Ken Hobbinscott
3.3 STREET ADDRESS 404 ORANGE Blossom Dr
3.4 CITY-ST-ZIP WINTER HAVEN FL 33880

4.1 TITLE TD Change ☒ Addition
4.2 NAME Skip Church
4.3 STREET ADDRESS 201 MAGNOLIA AVE SW
4.4 CITY-ST-ZIP WINTER HAVEN FL 33880

5.1 TITLE D Change ☒ Addition
5.2 NAME Judy Cleaves
5.3 STREET ADDRESS 311 3rd St
5.4 CITY-ST-ZIP WINTER HAVEN FL 33881

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME John MARTZ
6.3 STREET ADDRESS 321 N. MANGO St
6.4 CITY-ST-ZIP Sebring FL 33870

14. I 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, with all other like empowered.

SIGNATURE:

Robert Walker SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)