

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90423 035 \*\*\*\*61.25

<b>DOCUMENT # N97000000386</b> 1. Entity Name <b>POLK COUNTY FAMILY CAREGIVERS, INC.</b>																																																																																																								
Principal Place of Business <b>1232 E. MAGNOLIA ST LAKELAND, FL 33801</b>			Mailing Address <b>1232 E. MAGNOLIA ST LAKELAND, FL 33801</b>																																																																																																					
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																					
City & State			City & State																																																																																																					
Zip Country			Zip Country																																																																																																					
4. FEI Number <b>59-3425655</b>				Applied For <input type="checkbox"/> Not Applicable																																																																																																				
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required																																																																																																				
6. Name and Address of Current Registered Agent  <b>MERSCH, HENRY 1232 E. MAGNOLIA ST LAKELAND, FL 33801</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																																																																																																				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																																																																																																								
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>																																																																																																								
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees																																																																																																				
Make check payable to <b>Florida Department of State</b>																																																																																																								
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>MERSCH, HENRY</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>1232 E. MAGNOLIA ST LAKELAND, FL 33801</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>O'REILLY, ALICE</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>1232 E MAGNOLIA ST LAKELAND, FL 33801</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>KING, DR SUSAN R</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>402 ELDERBERRY CT CELEBRATION, FL 34747</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>DICKTER, RICHARD</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>3142 WEST HENDERSON CIR LAKELAND, FL 33803</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td><del><b>STEARNS, DAVID B</b></del></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><del><b>1528 DELMAR DRIVE LAKELAND, FL 33801</b></del></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>D BILL ANDREW</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>1818 FIFTH STREET WINTER HAVEN, FL 33880</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	<b>MERSCH, HENRY</b>		CITY-ST-ZIP	<b>1232 E. MAGNOLIA ST LAKELAND, FL 33801</b>		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	<b>O'REILLY, ALICE</b>		CITY-ST-ZIP	<b>1232 E MAGNOLIA ST LAKELAND, FL 33801</b>		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	<b>KING, DR SUSAN R</b>		CITY-ST-ZIP	<b>402 ELDERBERRY CT CELEBRATION, FL 34747</b>		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	<b>DICKTER, RICHARD</b>		CITY-ST-ZIP	<b>3142 WEST HENDERSON CIR LAKELAND, FL 33803</b>		TITLE	NAME	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	<del><b>STEARNS, DAVID B</b></del>		CITY-ST-ZIP	<del><b>1528 DELMAR DRIVE LAKELAND, FL 33801</b></del>		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS	<b>D BILL ANDREW</b>		CITY-ST-ZIP	<b>1818 FIFTH STREET WINTER HAVEN, FL 33880</b>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																								
<b>SIGNATURE:</b> <i>Richard Dickter</i> <b>RICHARD DICKTER</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>21 APRIL 2004 (863) 686-9709</b> <small>Date Daytime Phone #</small>																																																																																																				