2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2005
Secretary of State

DOCUMENT# N97000000386

Entity Name: POLK COUNTY FAMILY CAREGIVERS, INC.

Current Principal Place of Business:

1232 E. MAGNOLIA ST
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

1232 E. MAGNOLIA ST
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 59-3425655 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MERSCH, HENRY
1232 E. MAGNOLIA ST
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: HANK MERSCH

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MERSCH, HENRY
Address: 1232 E. MAGNOLIA ST
City-St-Zip: LAKELAND, FL 33801

Title: D ( ) Delete
Name: O'REILLY, ALICE
Address: 1232 E MAGNOLIA ST
City-St-Zip: LAKELAND, FL 33801

Title: D ( ) Delete
Name: KING, DR SUSAN R
Address: 402 ELDERBERRY CT
City-St-Zip: CELEBRATION, FL 34747

Title: D ( ) Delete
Name: DICKTER, RICHARD
Address: 3142 WEST HENDERSON CIR
City-St-Zip: LAKELAND, FL 33803

Title: D ( ) Delete
Name: ANDREW, BILL
Address: 1818 FIFTH ST.
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HANK MERSCH D 10/05/2005

Electronic Signature of Signing Officer or Director — Date