

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000386

FILED  
Jul 13, 2007  
Secretary of State

**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 (X)**  
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:**

**Name and Address of New Registered Agent:**

FINKELMAN, GAY  
1232 E. MAGNOLIA ST  
LAKELAND, FL 33801      US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: LAWS, GEORGE  
Address: 511 RECKER HWY.  
City-St-Zip: AUBURNDALE, FL 338234037

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

Title: D      ( ) Delete  
Name: FINKELMAN, GAY  
Address: 4228 HARTRIDGE LANE  
City-St-Zip: LAKELAND, FL 338132192

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RICHARD I. DICKTER

OFF

07/13/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date