

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90010 007 ****61.25

DOCUMENT # N97000000386

1. Entity Name
POLK COUNTY FAMILY CAREGIVERS, INC.



Principal Place of Business
**1232 E. MAGNOLIA ST
LAKELAND, FL 33801**

Mailing Address
**1232 E. MAGNOLIA ST
LAKELAND, FL 33801**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-3425655

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LAWS, GEORGE
511 RECKER HWY.
AUBURNDALE, FL 338234037**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/D

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DICKTER, RICHARD
3142 WEST HENDERSON CIR
LAKELAND, FL 33803**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T/D

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ANDREW, BILL
1818 FIFTH ST.
WINTER HAVEN, FL 33880**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C/D
1818 FIFTH ST., S.E.**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FINKELMAN, GAY
4228 HARTRIDGE LANE
LAKELAND, FL 338132192**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/D

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:

W. F. Andrew **WILLIAM F. ANDREW**

02/13/08

Date

863/294-5313

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR