

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000386

FILED
Jan 07, 2010
Secretary of State

Entity Name: POLK COUNTY FAMILY CAREGIVERS, INC.

Current Principal Place of Business:

1232 E. MAGNOLIA ST
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

1232 E. MAGNOLIA ST
LAKELAND, FL 33801 US

New Mailing Address:

FEI Number: 59-3425655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOLLOWELL, SHEILA L
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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: GUNDERSON, MIC MR.
Address: 326 W. PARK ST.
City-St-Zip: LAKELAND, FL 33803 US

Title: V.P.
Name: HEIDER, MICHAEL P.A.
Address: 520 S. FLORIDA AVE.
City-St-Zip: LAKELAND, FL 33801 US

Title: SEC
Name: MCGUIRE, SUSANA MRS.
Address: 124 S. FLORIDA AVE
City-St-Zip: LAKELAND, FL 33881 US

Title: TREA
Name: MICHAEL, HEIDER
Address: 520 S. FLORIDA
City-St-Zip: LAKELAND, FL 33813 US

I hereby 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 all other like empowered.

SIGNATURE: SHEILA HOLLOWELL

E.D.

01/07/2010

Electronic Signature of Signing Officer or Director

Date