2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2012
Secretary of State

DOCUMENT# N97000000386

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: CHAR
Name: HICKS, VICTOR MR.
Address: P.O. BOX 1137, 1211 MOTORCOACH DR.
City-St-Zip: POLK CITY, FL 33868 US

Title: V.C.
Name: MATTHEWS, AUTUMN P.A.
Address: 580 E. MAIN
City-St-Zip: BARTOW, FL 33830 US

Title: SEC
Name: PHILLIPS, JENNIFER MRS.
Address: 1132 E. MAGNOLIA
City-St-Zip: LAKELAND, FL 33801 US

Title: TREA
Name: RYDBERG, DEBBIE S MRS.
Address: 140 FITZGERALD ROAD #2
City-St-Zip: LAKELAND, FL 33813 US

Title: MEMB
Name: BOURGEOISL, ABIGAIL
Address: 624 BROOKSHIRE DR.
City-St-Zip: DAVENPORT, FL 33837

Title: MEMB
Name: ANDREADIS, KIM MRS.
Address: 6915 LACY DR.
City-St-Zip: LAKELAND, FL 33813

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 L. HOLLOWELL CEO 01/13/2012
Electronic Signature of Signing Officer or Director Date