

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90218 036 \*\*\*\*70.00

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3425655**

Applied For  
Not Applicable

5. Certificate of Status Desired  **Additional Fee Required**

**\$8.75**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MERSCH, HENRY  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MERSCH, HENRY</b>	
STREET ADDRESS	<b>1232 E. MAGNOLIA ST</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33801</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>O'REILLY, ALICE</b>	
STREET ADDRESS	<b>1232 E MAGNOLIA ST</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33801</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KING, DR SUSAN R</b>	
STREET ADDRESS	<b>402 ELDERBERRY CT</b>	
CITY-ST-ZIP	<b>CELEBRATION FL 34747</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DICKTER, RICHARD</b>	
STREET ADDRESS	<b>3142 WEST HENDERSON CIR</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33803</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STEARNS, DAVID B</b>	
STREET ADDRESS	<b>4528 DELMAR DRIVE</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33801</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Richard Dickter* **5-14-03 (863) 686-9709**

CR2E037 (10/02)