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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001629

1. Corporation Name

POLK COUNTY GREEN PARTNERS, INC.

Principal Place of Business

**2300 NEW JERSEY RD
LAKELAND FL 33803**

Mailing Address

**2300 NEW JERSEY RD
LAKELAND FL 33803**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/17/1997

4. FEI Number

APPLIED FOR 59-3491925

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**DAVIS, PALMER C
330 W CHURCH ST
BARTOW FL 33830**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VPD** ☐ DELETE
NAME **DAVIS, PALMER C**
STREET ADDRESS **330 W CHURCH ST**
CITY-STATE-ZIP **BARTOW FL 33831**

TITLE **PD** ☐ DELETE
NAME **CONNORS, ROBERT**
STREET ADDRESS **3311 HARBOR BEACH DRIVE**
CITY-STATE-ZIP **LAKE WALES FL 33853**

TITLE **SD** ☒ DELETE
NAME **ROGERS, STEVE**
STREET ADDRESS **5431 US 98 SOUTH**
CITY-STATE-ZIP **HIGHLAND CITY FL 33846**

TITLE **TD** ☐ DELETE
NAME **NORDBX, MARK**
STREET ADDRESS **804 LAKE VESSIE DR NW**
CITY-STATE-ZIP **WINTER HAVEN FL 33881**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SD** ☒ Change ☐ Addition
1.2 NAME **Davis, Palmer C.**
1.3 STREET ADDRESS **330 W. Church St.**
1.4 CITY-STATE-ZIP **Bartow, FL 33831**

2.1 TITLE **D.** ☐ Change ☒ Addition
2.2 NAME **Ruthven, Matt**
2.3 STREET ADDRESS **71 Lake Morton Dr.**
2.4 CITY-STATE-ZIP **Lakeland, FL 33806**

3.1 TITLE **VPD** ☐ Change ☒ Addition
3.2 NAME **Francisco, Steve**
3.3 STREET ADDRESS **831 N. Wabash Ave.**
3.4 CITY-STATE-ZIP **Lakeland, FL 33815**

4.1 TITLE **SD** ☐ Change ☒ Addition
4.2 NAME **Sale, Allen**
4.3 STREET ADDRESS **309 Tennessee Ave. S.**
4.4 CITY-STATE-ZIP **Lakeland, FL 33802**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Darden, Sue**
5.3 STREET ADDRESS **2232 Heritage Drive**
5.4 CITY-STATE-ZIP **Lakeland, FL 33801**

6.1 TITLE **TD** ☒ Change ☐ Addition
6.2 NAME **Nordby, Mark**
6.3 STREET ADDRESS **804 Lake Vessie Dr. NW**
6.4 CITY-STATE-ZIP **Winter Haven, FL 33881**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 1999
Date

941/534-6408
Daytime Phone #

CR2E037 (1/98)