

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003292

1. Entity Name

~~LELAND MINISTRIES, INC.~~ Families of Polk County, Inc.

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90081 042 ****61.25

Principal Place of Business

~~225 S. CENTRAL AVE~~ 9
BARTOW FL 33830
US

Mailing Address

P.O. BOX 689
BARTOW FL 33831-0689
US

2. Principal Place of Business

970 E. Main St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

Suite A

City & State

Bartow FL

Zip

33830

Country
Polk



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3453931

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COMBEE, ELIZABETH A
225 S. CENTRAL AVE
BARTOW FL 33830

7. Name and Address of New Registered Agent

Name David D. Hallock

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

1355 S. Orange Ave

City Bartow

FL

Zip Code 33830

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.

SIGNATURE

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

10. OFFICERS AND DIRECTORS

TITLE	MD	<input checked="" type="checkbox"/> Delete
NAME	COMBEE, ELIZABETH	
STREET ADDRESS	PO BOX 126	
CITY-ST-ZIP	EATON PARK FL 33840	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GREESON, KAREN	
STREET ADDRESS	999 AVENUE H NE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	V	<input type="checkbox"/> Delete
NAME	CARPENTER, BARBARA	
STREET ADDRESS	1339 ROBERT KING HIGH DRIVE	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CASEY, SHARON	
STREET ADDRESS	1041 SUGARTREE LANE, SOUTH	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HALLOWAY, ANN	
STREET ADDRESS	2626 HANDLEY BLVD	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BREIDENBACH, LYNN	
STREET ADDRESS	222 HIGHVIEW LANE	
CITY-ST-ZIP	LAKELAND FL 33801	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alyce Zenzinger	
STREET ADDRESS	1626 HELLINGS WORTH CREEK	
CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Benkey	
STREET ADDRESS	5056 Lake Miniam Circle	
CITY-ST-ZIP	Lakeland, FL 33813	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Hallock David Hallock	
STREET ADDRESS	1355 S. Orange Ave	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Emory Welch	
STREET ADDRESS	1325 George Jenkins Blvd.	
CITY-ST-ZIP	Lakeland, FL 33815	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andy Edmund	
STREET ADDRESS	4191 Pool Branch Rd	
CITY-ST-ZIP	Fort Meade FL 33841	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-3-01 (863) 519-0723

CR2E037 (10/00)