

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003292

Entity Name: FAMILIES OF POLK COUNTY, INC.

FILED
Jan 12, 2004
Secretary of State

Current Principal Place of Business:

970 E MAIN ST
SUITE A
BARTOW, FL 33830 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 689
BARTOW, FL 33831 US

New Mailing Address:

FEI Number: 59-3453931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALLOCK, DAVID D.
1355 S ORANGE AVE
BARTOW, FL 33830 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: T () Delete
Name: WILSON, BOBBY
Address: 2300 HWY 17 NO.
City-St-Zip: BARTOW, FL 33830

Title: P () Delete
Name: BURKLEY, DAVID
Address: 5056 LAKE MIRIAM CIRCLE
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: CARPENTER, BARBARA
Address: 1339 ROBERT KING HIGH DRIVE
City-St-Zip: LAKELAND, FL 33805

Title: D () Delete
Name: HALLOCK, DAVID
Address: 1355 S ORANGE AVE.
City-St-Zip: BARTOW, FL 33830

Title: V () Delete
Name: HOLLOWAY, ANN
Address: 2626 HANDLEY BLVD..
City-St-Zip: LAKELAND, FL 33803

Title: D () Delete
Name: EDMUND, ANDY
Address: 419 POOL BRANCH RD
City-St-Zip: FORT MEADE, FL 33841

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DAVID HALLOCK

D

01/12/2004

Electronic Signature of Signing Officer or Director

Date