

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003292

FILED  
Jan 12, 2005  
Secretary of State

Entity Name: FAMILIES OF POLK COUNTY, INC.

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition  
Name: BURKEY, KELLY  
Address: 1146 JOSEPHINE ST.  
City-St-Zip: LAKELAND, FL 33815

Title: P (X) Change ( ) Addition  
Name: BURKEY, DAVID  
Address: 1146 JOSEPHINE ST  
City-St-Zip: LAKELAND, FL 33815

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

Title: T (X) Change ( ) Addition  
Name: HALLOCK, DAVID  
Address: 1355 S ORANGE AVE.  
City-St-Zip: BARTOW, FL 33830

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

T

01/12/2005

Electronic Signature of Signing Officer or Director

Date