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**Mar 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthoff
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N97000003609 (1)**
1. Corporation Name
VISION 2000 OF POLK COUNTY, INC.



Principal Place of Business: **302 HEATHERPOINT DR. LAKELAND FL 33809**
Mailing Address: ~~302 HEATHERPOINT DR. LAKELAND FL 33809~~

3. Date Incorporated or Qualified: **06/20/1997**
4. FEI Number: **59-3466684**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **28 P.O. Box 92221**
Suite, Apt. #, etc.: **22**
City & State: **23 LAKELAND, FL**
Zip: **24 33804-2221** Country: **25 USA**

9. Name and Address of Current Registered Agent
**KOSIK, JACK
302 HEATHERPOINT DR.
LAKELAND FL 33809**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT/DIRECTOR <input type="checkbox"/> DELETE	1.1 TITLE	1ST VICE PRESIDENT/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOSIK, JACK	1.2 NAME	BILL SAMMONS
STREET ADDRESS	302 HEATHERPOINT DR.	1.3 STREET ADDRESS	505 BARTOW RD
CITY-ST-ZIP	LAKELAND FL 33809	1.4 CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	_____ <input checked="" type="checkbox"/> DELETE	2.1 TITLE	2ND VICE PRESIDENT/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOSIK, MIKEY	2.2 NAME	DICK WENDEL
STREET ADDRESS	302 HEATHERPOINT DR.	2.3 STREET ADDRESS	6325 OAK CT
CITY-ST-ZIP	LAKELAND FL 33809	2.4 CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	_____ <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FIELDS, ALAN B	3.2 NAME	PAM STEWART
STREET ADDRESS	850 FIFTH AVE SOUTH	3.3 STREET ADDRESS	505 BARTOW RD
CITY-ST-ZIP	NAPLES FL 34102	3.4 CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	TREASURER/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	JUDY BORDEN
STREET ADDRESS		4.3 STREET ADDRESS	PO BOX 8081 (92)
CITY-ST-ZIP		4.4 CITY-ST-ZIP	WINTER HAVEN, FL 33883
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	TREASURER/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	JUDY BORDEN
STREET ADDRESS		5.3 STREET ADDRESS	210 LAKE HOLLINGSWORTH DR. APT. 808
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: **Jack Kosik** **JACK KOSIK** **PRESIDENT** **1/6/98** **(941) 858-9785**

CR2E037 (10/97)