

FILE NOW: FILING FEE IS \$61.25

FILED
May 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004940 (9)

1. Corporation Name

THE POLK COUNTY FAMILY LAWYERS ASSOCIATION, INC.



Principal Place of Business P.O. BOX 2188 BARTOW FL 33831	Mailing Address P.O. BOX 2188 BARTOW FL 33831
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3. Date Incorporated or Qualified 08/29/1997
4. FEI Number 31-1526705
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent MCKOWN, MIA L 317 SOUTH TENNESSEE AVE. LAKELAND FL 33801	
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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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, JESSE J JR.	1.2 NAME	Bennett, Jesse J. Jr.
STREET ADDRESS	P.O. BOX 2188	1.3 STREET ADDRESS	146 Avenue B, NW
CITY-ST-ZIP	BARTOW FL 33831	1.4 CITY-ST-ZIP	Winter Haven, FL 33881
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMM, WILLIAM C JR.	2.2 NAME	Hamm, William C. Jr.
STREET ADDRESS	P.O. BOX 2188	2.3 STREET ADDRESS	170 East Haines Boulevard
CITY-ST-ZIP	BARTOW FL 33831	2.4 CITY-ST-ZIP	Lake Alfred, FL 33850
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYEL, ROBERT	3.2 NAME	Doyel, Robert
STREET ADDRESS	P.O. BOX 2188	3.3 STREET ADDRESS	255 North Broadway
CITY-ST-ZIP	BARTOW FL 33831	3.4 CITY-ST-ZIP	Bartow, FL 33830
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, BEACH A JR.	4.2 NAME	Brooks, Beach A., Jr.
STREET ADDRESS	P.O. BOX 2188	4.3 STREET ADDRESS	340 1st Street, SE
CITY-ST-ZIP	BARTOW FL 33831	4.4 CITY-ST-ZIP	Winter Haven, FL 33830
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SESSUMS, MARK A ESQ.	5.2 NAME	Sessums, Mark A.
STREET ADDRESS	P.O. BOX 2188	5.3 STREET ADDRESS	395 South Central Avenue
CITY-ST-ZIP	BARTOW FL 33831	5.4 CITY-ST-ZIP	Bartow, FL 33830
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **Mark A. Sessums** 4/21/98 (941) 533-0314

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