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**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90033 009 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N97000004940**

1. Corporation Name

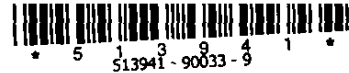
**THE POLK COUNTY FAMILY LAWYERS ASSOCIATION, INC.**

Principal Place of Business

P.O. BOX 2188  
BARTOW FL 33831

Mailing Address

P.O. BOX 2188  
BARTOW FL 33831



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

08/29/1997

4. FEI Number  
31-1526705

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MCKOWN, MIA L  
317 SOUTH TENNESSEE AVE.  
LAKELAND FL 33801

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME BENNETT, JESSE J JR  
STREET ADDRESS 146 AVENUE B, N W  
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE VD ☐ DELETE  
NAME HAMM, WILLIAM C JR  
STREET ADDRESS 170 E HAINES BLVD  
CITY-ST-ZIP LAKE ALFRED FL 33850

TITLE D ☐ DELETE  
NAME DOYEL, ROBERT  
STREET ADDRESS 255 NORTH BROADWAY  
CITY-ST-ZIP BARTOW FL 33830

TITLE SD ☐ DELETE  
NAME BROOKS, BEACH A JR  
STREET ADDRESS 340 1ST STREET SE  
CITY-ST-ZIP WINTER HAVEN FL 33830

TITLE TD ☐ DELETE  
NAME SESSUMS, MARK A  
STREET ADDRESS 395 SOUTH CENTRAL AVENUE  
CITY-ST-ZIP BARTOW FL 33830

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/99 (941) 533-0314

CR2E037 (11/98)