


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000004940 1. Entity Name THE POLK COUNTY FAMILY LAWYERS ASSOCIATION, INC.	
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Principal Place of Business P.O. BOX 1145 LAKE ALFRED, FL 33850	Mailing Address P.O. BOX 1145 LAKE ALFRED, FL 33850
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DO NOT WRITE IN THIS SPACE



03242004 No Chg-NP CR2E037 (10/03)

4. FEI Number 31-1526705	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, VICTOR 170 E. HAINES BLVD. LAKE ALFRED, FL 33850-2818

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000126831 04/23/04-80048-020 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WEEKS, T.W. III P.O. BOX 3 LAKELAND, FL 338020003
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RAFOOL, RAYMOND P.O. BOX 7286 WINTER HAVEN, FL 338837286
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SMITH, VICTOR P.O. BOX 7286 WINTER HAVEN, FL 338837286
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SANOA, KARIE L 114 E. EDGEWOOD DR. LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Douglas H. Smith	4/21/04	863-956-1119
		Date	Daytime Phone #