

**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.



Principal Place of Business      Mailing Address  
P.O. BOX 1145      P.O. BOX 1145  
LAKE ALFRED, FL 33850      LAKE ALFRED, FL 33850



03242004 No Chg-NP      CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
31-1526705      Not Applicable

5. Certificate of Status Desired       \$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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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

U00000126831  
04/23/04-80048-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	WEEKS, T.W. III
STREET ADDRESS	P.O. BOX 3
CITY - ST - ZIP	LAKELAND, FL 338020003
TITLE	TD
NAME	RAFOOL, RAYMOND
STREET ADDRESS	P.O. BOX 7286
CITY - ST - ZIP	WINTER HAVEN, FL 338837286
TITLE	SD
NAME	SMITH, VICTOR
STREET ADDRESS	P.O. BOX 7286
CITY - ST - ZIP	WINTER HAVEN, FL 338837286
TITLE	PD
NAME	SANOBA, KARIE L
STREET ADDRESS	114 E. EDGEWOOD DR.
CITY - ST - ZIP	LAKELAND, FL 33803
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Douglas H. Smith      Date: 4/21/04      Daytime Phone #: 863-956-1119