

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004940

FILED
Jan 05, 2005
Secretary of State

Entity Name: THE POLK COUNTY FAMILY LAWYERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 1145
LAKE ALFRED, FL 33850

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1145
LAKE ALFRED, FL 33850

New Mailing Address:

FEI Number: 31-1526705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, VICTOR
170 E. HAINES BLVD.
LAKE ALFRED, FL 338502818 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: WEEKS, T.W. III
Address: P.O. BOX 3
City-St-Zip: LAKELAND, FL 338020003

Title: TD () Delete
Name: RAFOOL, RAYMOND
Address: P.O. BOX 7286
City-St-Zip: WINTER HAVEN, FL 338837286

Title: SD () Delete
Name: SMITH, VICTOR
Address: P.O. BOX 7286
City-St-Zip: WINTER HAVEN, FL 338837286

Title: PD () Delete
Name: SANOKA, KARE L
Address: 114 E. EDGEWOOD DR.
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR SMITH

SD

01/05/2005

Electronic Signature of Signing Officer or Director

Date