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Feb 26 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000005757 (6)

1. Corporation Name

SENIOR ORPHANS OF POLK COUNTY, INC.



Principal Place of Business

Mailing Address

1312 EDGEWATER BEACH DRIVE  
LAKELAND FL 33805

1312 EDGEWATER BEACH DRIVE  
LAKELAND FL 33805

3. Date Incorporated or Qualified

10/10/1997

4. FEI Number

59-3484454

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUNLAP, GEORGE T III  
245 SOUTH CENTRAL AVENUE  
BARTOW FL 33830

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME CORNELIUS, JOHN J  
STREET ADDRESS 1312 EDGEWATER BEACH DRIVE  
CITY-ST-ZIP LAKELAND FL 33805

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VSTD  
NAME CORNELIUS, BEVERLY  
STREET ADDRESS 1312 EDGEWATER BEACH DRIVE  
CITY-ST-ZIP LAKELAND FL 33805

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME HAWLEY, CHARLES  
STREET ADDRESS 4040 TURNER ROAD  
CITY-ST-ZIP MULBERRY FL 33880

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME SUMMERS, ROBERT  
STREET ADDRESS 1710 HUNTINGTON AVENUE  
CITY-ST-ZIP LAKELAND FL 33801

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME PARSONS, ROBERT  
STREET ADDRESS KOOTER LANE  
CITY-ST-ZIP LAKELAND FL 33809

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME COTTERILL, JOHN  
STREET ADDRESS 1249 ENTERPRISE AVENUE  
CITY-ST-ZIP LAKELAND FL 33809

6.1 TITLE  
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.

SIGNATURE:

*John J. Cornelius*

2/19/98 941-686-0600

CR2E037 (10/97)