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Jan 20, 1999 8:00am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N97000005757

1. Corporation Name

SENIOR ORPHANS OF POLK COUNTY, INC.

Principal Place of Business

1312 EDGEWATER BEACH DRIVE
LAKELAND FL 33805

Mailing Address

1312 EDGEWATER BEACH DRIVE
LAKELAND FL 33805



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/10/1997

4. FEI Number

59-3484454

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

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

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

TITLE VSTD ☐ DELETE

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

TITLE D ☐ DELETE

NAME HAWLEY, CHARLES
STREET ADDRESS 4040 TURNER ROAD
CITY-ST-ZIP MULBERRY FL 33860

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

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

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

1-2-99 941 686-0600