


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90009 022 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000006015 ✓			
1. Corporation Name VIETNAM VETERANS OF POLK COUNTY, INC.			
Principal Place of Business 5555 FRANCIS PIPKIN RD LAKELAND FL 33813		Mailing Address 5555 FRANCIS PIPKIN RD LAKELAND FL 33813	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 10/24/1997		4. FEI Number 59-3498777	
5. -Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent CARTLIDGE, ANTHONY 5555 FRANCIS PIPKIN RD LAKELAND FL 33813		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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 CARTLIDGE, ANTHONY STREET ADDRESS 5555 FRANCIS PIPKIN RD CITY-ST-ZIP LAKELAND FL 33813		1.1 TITLE VPD 1.2 NAME GROSSICK, JOE 1.3 STREET ADDRESS 3668 JOSHUA LANE 1.4 CITY-ST-ZIP LAKELAND FL 33813	
TITLE VPD NAME MANSELL, DENNIS STREET ADDRESS 3814 TIMBERLAKE ROAD NORTH CITY-ST-ZIP LAKELAND FL 33810		2.1 TITLE VPD 2.2 NAME DeROSS, DELVIN 2.3 STREET ADDRESS 4805 HAMILTON RD. 2.4 CITY-ST-ZIP LAKELAND, FL 33811	
TITLE TD NAME WARD, DON STREET ADDRESS 1149 EAST LAKE PARKER DRIVE CITY-ST-ZIP LAKELAND FL 33801		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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:  7-7-99 941-647-1404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0057259

CR2E037 (11/98)