NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9700006457

## FOSTER AND ADOPTIVE FAMILIES OF POLK COUNTY. INC

Principal Place of Business

Mailing Address

1251-7TH ST., SE WINTER HAVEN FL 33880 1251-7TH ST., SE WINTER HAVEN FL 33880

## **FILED** Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90045 003 \*\*\*\*70.00



	lace of Business 3 Tall Pine R	2a. Mailing Address	11 Pine 1	3. Date Incorporated or Qualifed 11/10/1997
21 705		4 26 /055 /01	1 PINE 1	4. FEI Number Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		59-3496540 Not Applicable
22		City & State		\$8.75 Additional
23 O	city FL	City & State		5. Certificate of Status Desired Fee Required
Zip 3.38	368 Country USA	Zip 29 33868 30	Country USA	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
24 55	9. Name and Address of Curren	<del>                                  </del>		10. Name and Address of New Registered Agent
81 Name 1 / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
DEKINGT (/EM)ETI				Kelly J Hansell
BENNETT, KENNETH			82 Street	Address (P.O. Box Number is Not Acceptable)
1251-7TH ST., SE				7055 Tall 1776 160
WINTER HAVEN FL 33880				
84 CIPOLK CITY FL 85 Zip Code 33 868				
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 armiliar with and accept the pbligations of, Section 617.0503. Florida Statutes.				
SIGNATURE PULL President 1/1/98				
SIGNATURE	Signature, typed or printed came of registered ager	t and title if applicable (NOTE: Re	gistered Agent signature n	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	PD Change Addition
NAME	Bennett, Kenneth		1.2 NAME	Kelly Hangell 7053 Tall Pine Rd
STREET ADDRESS	1251-7TH ST., SE		1.3 STREET ADORESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880		1.4 CITY-ST-ZIP	Polk City, FL 33868
TITLE	VD	☐ DELETE	2.1 TITLE	✓ D Change Addition
NAME	HANSELL, KELLY		2.2 NAME	Patricia Hobertson
STREET ADDRESS	7053 TALL PINE RD.		2.3 STREET ADDRESS	Patricia Robertson 257 white Cliff Blvd
CITY-ST-ZIP	POLK CITY FL 33868		2. 4 CITY-ST-ZIP	Auburndale, FL 33823
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BENNETT, KATHY		3.2 NAME	
STREET ADDRESS	1251-7TH ST., SE		3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880		3.4. CITY-ST-ZIP	
TITLE	TD	DELETE	4.1 TITLE	TD Change Addition
NAME	MACON, DEBBIE	•	4. 2 NAME	Kathy Sine
STREET ADDRESS	3433 COVE CT. E.		4.3 STREET ADDRESS	370 HOLLY RIDGE RD
CITY-ST-ZIP	WINTER HAVEN FL 33880		4.4 CITY-ST-ZIP	WENTER HAVEN FL 33880
TITLE	D	DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SOUTHERLAND, HAROLD	7/	5.2 NAME	•
STREET ADDRESS	6016 COUNTRY RD. 547		5.3 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL 33837		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	`
CITY-ST-ZIP			6.4 CITY-ST-ZIP	·

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.