

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000002327

FILED
Apr 25, 2002 8:00 AM
Secretary of State

Entity Name: FRIENDS OF HEALTHY FAMILIES POLK, INC.

Current Principal Place of Business:

216 BOXWOOD DRIVE
DAVENPORT, FL 33837

New Principal Place of Business:

Current Mailing Address:

216 BOXWOOD DRIVE
DAVENPORT, FL 33837

New Mailing Address:

FEI Number: 59-3513148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMMOND, KATHRYN J
216 BOXWOOD DRIVE
DAVENPORT, FL 33837

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: D () Delete
Name: SHEARER, JANET
Address: 528 LAUREL LANE
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: EARL, JUDITH
Address: 836 GOLF COURSE PKWY
City-St-Zip: DAVENPORT, FL 33837

Title: D () Delete
Name: HAMMOND, KATHRYN J
Address: 216 BOXWOOD DRIVE
City-St-Zip: DAVENPORT, FL 33837

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:

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: KATHRYN J HAMMOND

D

04/25/2002

Electronic Signature of Signing Officer or Director

Date