

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768099

**Entity Name:** IMPERIAL POLK GENEALOGICAL SOCIETY, INC.**Current Principal Place of Business:**4825 N. GALLOWAY RD  
LAKELAND, FL 33810**Current Mailing Address:**P.O.BOX 10  
KATHLEEN, FL 33849**FEI Number: 80-0644660****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DAVIDSON, ALVIE  
4825 N. GALLOWAY RD.  
LAKELAND, FL 33810 US*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**Officer/Director Detail :**

Title	PRESIDENT	Title	2ND VICE PRESIDENT
Name	DAVIDSON, ALVIE	Name	STRASZEWSKI, RAE
Address	4825 N. GALLOWAY RD.	Address	6111 CARLA CIRCLE,
City-State-Zip:	LAKELAND FL 33810	City-State-Zip:	LAKELAND FL 33811
Title	TREASURER	Title	1ST VICE PRESIDENT
Name	WATERMAN, KAY ANN	Name	MABE, AUDREY
Address	126 ARIETTA SHORES DRIVE	Address	1966 ALTAVISTA CIRCLE
City-State-Zip:	AUBURNDALE FL 33823	City-State-Zip:	LAKELAND FL 33810
Title	SECRETARY	Title	TRUSTEE
Name	HUTCHINSON, GAIL	Name	LONDEREE, GAYLE
Address	PO BOX 1000	Address	584 SOMERSET DRIVE
City-State-Zip:	LAKE ALFRED FL 33850	City-State-Zip:	LAKELAND FL 33823

*I hereby 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 all other like empowered.*

**SIGNATURE: KAY ANN WATERMAN****TREASURER****03/14/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date