

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004024

Entity Name: THE NORTHEAST POLK COUNTY HISTORICAL SOCIETY,
INCORPORATED**Current Principal Place of Business:**1001 INGRAHAM AVE
HAINES CITY, FL 33844**Current Mailing Address:**PO BOX 4113
HAINES CITY, FL 33845-4113**FEI Number: 59-3753780****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**JOHNSON, NELL J
435 GLENEAGLES COURT
WINTER HAVEN, FL 33884 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: NELL J JOHNSON****01/12/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	VANDIVER, FRANCES
Address	9111 HATCHINEHA ROAD
City-State-Zip:	HAINES CITY FL 33844

Title	VP
Name	WATERS, SHARON
Address	314 KENTUCKY AVE
City-State-Zip:	HAINES CITY FL 33844

Title	TREASURER
Name	WALKER, ROBERT C
Address	P O BOX 685
City-State-Zip:	BABSON PARK FL 33827

Title	SECRETARY
Name	JOHNSON, NELL
Address	435 GLENEAGLES COURT
City-State-Zip:	WINTER HAVEN FL 33884

Title	DIRECTOR
Name	MARTIN, JAMES
Address	27 GLANTANE AVENUE
City-State-Zip:	HAINES CITY FL 33844

Title	PAST PRESIDENT
Name	VANDIVER, FRANCES
Address	P O BOX 2123
City-State-Zip:	HAINES CITY FL 33845

Title	DIRECTOR
Name	WITCHER, COURTLAND
Address	4970 OLD LUCERNE PRK RD
City-State-Zip:	WINTER HAVEN FL 33881

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: NELL J JOHNSON**SECRETARY****01/12/2025**

Electronic Signature of Signing Officer/Director Detail

Date