

2019 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: No****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****02/08/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name KUCHTA, LINDA
Address 408 HAMMERSTONE AVENUE
City-State-Zip: HAINES CITY FL 33844

Title VP
Name VAHLE, KURT
Address P O BOX 802
 411 AQUA VISTA DR
City-State-Zip: HAINES CITY FL 33844

Title S
Name KUCHTA, LINDA
Address 408 HAMMERSTONE AVE
City-State-Zip: HAINES CITY FL 33844

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

Title D
Name LOVETTE, JAMES
Address 315 N 13TH ST
City-State-Zip: HAINES CITY FL 33844

Title DIRECTOR
Name MCGLASHON, HUGH
Address P O BOX 3033
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

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**TREASURER****02/08/2019**

Electronic Signature of Signing Officer/Director Detail

Date