

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000006771

Entity Name: PANCREATIC CANCER ALLIANCE OF POLK COUNTY, INC.**Current Principal Place of Business:**2000 S FLORIDA AVE
LAKELAND, FL 33803**Current Mailing Address:**P.O BOX 2101
LAKELAND, FL 33806 US**FEI Number: 45-2920145****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FERGUSON, ROBYN
515 HAWTHORNE TRL
LAKELAND, FL 33803 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	D
Name	FERGUSON, ROBYN
Address	P.O. BOX 2101
City-State-Zip:	LAKELAND FL 33806

Title	D
Name	PHILPOT, CHERYL
Address	369 LAKE HOLLINGSWORTH DR
City-State-Zip:	LAKELAND FL 33803

Title	D
Name	HOLLIS, JACK M
Address	PO BOX 427
City-State-Zip:	BABSON PARK FL 33827

Title	D
Name	GOLENO, TERRI A
Address	726 S MISSOURI AVE
City-State-Zip:	LAKELAND FL 33813

Title	D
Name	SHEETS, SAM
Address	2000 S FLORIDA AVE
City-State-Zip:	LAKELAND FL 33803

Title	D
Name	TROIANO, VICTOR J
Address	PO BOX 829
City-State-Zip:	LAKELAND FL 33802

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: ROBYN FERGUSON**DIRECTOR****04/26/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date