

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000010756

**Entity Name:** PLAY IT FORWARD POLK, INC.

**Current Principal Place of Business:**

921 SUCCESS AVENUE  
LAKELAND, FL 33803

**Current Mailing Address:**

921 SUCCESS AVENUE  
LAKELAND, FL 33803 US

**FEI Number:** 47-2579201

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

TOMLIN, RON  
921 SUCCESS AVENUE  
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:** RONALD W. TOMLIN

03/23/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name FRANKEL-BRICE, AMANDA  
Address 825 EAST ORANGE  
City-State-Zip: LAKELAND FL 33801

Title PRESIDENT  
Name TOMLIN, RONALD W  
Address 921 SUCCESS AVENUE  
City-State-Zip: LAKELAND FL 33803

Title DIRECTOR  
Name CORNISH, ROI  
Address 2560 LAUREL GLENN DRIVE  
City-State-Zip: LAKELAND FL 33803

Title DIRECTOR  
Name MARTY JONES  
Address P.O. BOX 2397  
City-State-Zip: LAKELAND FL 33806

Title DIRECTOR  
Name FLEMING, ROBIN  
Address 508 LAKE MARIAM TERRACE  
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR  
Name BOOHER, BRENT  
Address 362 VAIL DRIVE  
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR  
Name OLDENKAMP, NATALIE  
Address 413 EAST POINSETTIA  
City-State-Zip: LAKELAND FL 33803

Title DIRECTOR  
Name PHILLIPS, JULIE  
Address 921 SUCCESS AVENUE  
City-State-Zip: LAKELAND FL 33803

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*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:** RON TOMLIN

PRESIDENT

03/23/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            AGNER, KAY  
Address         ,705 OLEANDER DR SE  
City-State-Zip: WINTER HAVEN FL 33880