## **2019 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 02/19/2019

Electronic Signature of Registered Agent

Date

FILED Feb 19, 2019

**Secretary of State** 

4335585979CC

Officer/Director Detail:

 Title
 DIRECTOR
 Title
 DIRECTOR

 Name
 FRANKEL-BRICE, AMANDA
 Name
 CALHOON, TIM

Address 829 EAST PALMETTO Address 739 PARK HILL AVENUE
City-State-Zip: LAKELAND FL 33801 City-State-Zip: LAKELAND FL 33801

Title CHAIRMAN Title VC

Name TOMLIN, RONALD W Name CORNISH, ROI

Address 921 SUCCESS AVENUE Address 921 SUCCESS AVENUE
City-State-Zip: LAKELAND FL 33803 City-State-Zip: LAKELAND FL 33803

Title DIRECTOR Title DIRECTOR

NameMARTY JONESNameMCCARTER, STEVEAddressP.O. BOX 2397Address921 SUCCESS AVENUECity-State-Zip:LAKELAND FL 33806City-State-Zip:LAKELAND FL 33803

Title DIRECTOR Title SECRETARY

NameFLEMING, ROBINNameOLDENKAMP, PATRICIAAddress508 LAKE MARIAM TERRACEAddress314 WEST PALM DRIVE

City-State-Zip: WINTER HAVEN FL 33884 City-State-Zip: LAKELAND FL

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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 CHAIRMAN 02/19/2019

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name MCCARTER, CONNIE

Address 921 SUCCESS AVE

City-State-Zip: LAKELAND FL 33803

Title DIRECTOR

Name BROWN, CLIFF

Address 2981 BLACKWATER CREEK DRIVE

City-State-Zip: LAKELAND FL 33810

Title DIRECTOR

Name HOUSER, SARA

Address 157 BROWNING CR.

City-State-Zip: WINTER HAVEN FL 33884