## **2022 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 05/11/2022

Electronic Signature of Registered Agent

Officer/Director Detail:

 Title
 DIRECTOR
 Title
 DIRECTOR

 Name
 FRANKEL-BRICE, AMANDA
 Name
 CALHOON, TIM

Address 825 EAST ORANGE Address 310 MIRAMAR ROAD

City-State-Zip: LAKELAND FL 33801 City-State-Zip: LAKELAND FL 33801

Title PRESIDENT Title DIRECTOR

Name TOMLIN, RONALD W Name CORNISH, ROI

Address 921 SUCCESS AVENUE Address 2560 LAUREL GLENN DRIVE

City-State-Zip: LAKELAND FL 33803 City-State-Zip: LAKELAND FL 33803

Title DIRECTOR Title DIRECTOR

Name MARTY JONES Name MCCARTER, STEVE

Address P.O. BOX 2397 Address #9 LATERRAZA CASA LOMA

City-State-Zip: LAKELAND FL 33806 City-State-Zip: LAKELAND FL 33813

Title DIRECTOR Title DIRECTOR

Name FLEMING, ROBIN Name MCCARTER, CONNIE

Address 508 LAKE MARIAM TERRACE 40 LA TERRACE

Address 500 LAKE MARIAM TERRACE Address #9 LA TERRAZA
City-State-Zip: WINTER HAVEN FL 33884 CASA LOMA

City-State-Zip: LAKELAND FL 33813

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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 05/11/2022

Electronic Signature of Signing Officer/Director Detail

Date

FILED May 11, 2022

**Secretary of State** 

6211872963CC

Date

## Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

NameBOOHER, BRENTNameOLDENKAMP, NATALIEAddress362 VAIL DRIVEAddress413 EAST POINSETTIACity-State-Zip:WINTER HAVEN FL 33884City-State-Zip:LAKELAND FL 33803