

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000002471

**Entity Name:** POLK COUNTY CITIZENS DEFENDING FREEDOM USA, INC.

**FILED**  
**Feb 15, 2023**  
**Secretary of State**  
**0593365710CC**

**Current Principal Place of Business:**

590 NW 3RD ST  
MULBERRY, FL 33860

**Current Mailing Address:**

590 NW 3RD ST  
MULBERRY, FL 33860 US

**FEI Number: 86-2355962**

**Certificate of Status Desired: Yes**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 HILLIGOSS, JACK  
Address 590 NW 3RD ST  
City-State-Zip: MULBERRY FL 33860

Title D  
Name LADERER, JINNY  
Address 590 NW 3RD ST  
City-State-Zip: MULBERRY FL 33860

Title D  
Name RESPRESS, KEVIN  
Address 590 NW 3RD ST  
City-State-Zip: MULBERRY FL 33860

Title D  
Name WATSON, STEVE  
Address 590 NW 3RD ST  
City-State-Zip: MULBERRY FL 33860

Title D  
Name WILSON, MARK  
Address 590 NW 3RD ST  
City-State-Zip: MULBERRY FL 33860

Title DIRECTOR  
Name GOODMAN, ROBERT  
Address 590 NW 3RD STREET  
City-State-Zip: MULBERRY FL 33860

*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: ROBERT GOODMAN**

**DIRECTOR**

**02/15/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date