

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704563

FILED
Jan 11, 2007
Secretary of State

Entity Name: POLK COUNTY ASSOCIATION FOR HANDICAPPED CITIZENS, INC.

Current Principal Place of Business:

1038 SUNSHINE DRIVE E.
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

1038 SUNSHINE DRIVE E.
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 59-0812958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALOGH, SHIRLEY A
1498 LONG OAK DRIVE S.
LAKELAND, FL 33811 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BALOGH, SHIRLEY A.,
Address: 1498 LONG OAK DRIVE S.
City-St-Zip: LAKELAND, FL 33811

Title: D () Delete
Name: SCHIRM, SENA
Address: 8034 MAGNOLIA RIDGE DR
City-St-Zip: LAKELAND, FL 33810

Title: 1VC () Delete
Name: SENZAMICI, ANTHONY J
Address: P.O. BOX 5168
City-St-Zip: LAKELAND, FL 338075168

Title: PC () Delete
Name: HERNAN, ANDREW
Address: 3005 LAKELAND HIGHLANDS
City-St-Zip: LAKELAND, FL 33803

Title: 2VC () Delete
Name: NOAH-ASBILL, CAROL
Address: P.O. BOX 407
City-St-Zip: LAKELAND, FL 33802

Title: C () Delete
Name: WILLIAM, WHEELER H JR
Address: 1203 HEIDI LN N.
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHIRLEY A. BALOGH

PRES

01/11/2007

Electronic Signature of Signing Officer or Director

_____ Date