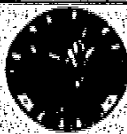


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 18 PM 11:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 732846 (1)

1. Corporation Name

LEARNING RESOURCE CENTER OF POLK COUNTY, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

05/23/1975

05/19/1994

4. FEI Number

51-0182646

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

Principal Place of Business

Mailing Address

**804 S. MISSOURI AVENUE
LAKELAND FL 33803**

**804 S. MISSOURI AVENUE
LAKELAND FL 33803**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, BETH
804 S. MISSOURI AVENUE
LAKELAND FL 33803**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Beth Miller

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-2-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	HOUSTON, DAVID
STREET ADDRESS	101 W MAIN ST / STE - 100
CITY - ST - ZIP	LAKELAND FL
TITLE	VD
NAME	HAAR, ROGER
STREET ADDRESS	228 S MASSACHUSETTS AVE
CITY - ST - ZIP	LAKELAND FL
TITLE	SD
NAME	SANDERS, FAYE
STREET ADDRESS	4205 OLD HWY 37 / STE - 40
CITY - ST - ZIP	LAKELAND FL
TITLE	TD
NAME	GOLENO, TERRI
STREET ADDRESS	726 SOUTH MISSOURI AVE
CITY - ST - ZIP	LAKELAND FL
TITLE	D
NAME	DUNNE, PHILLIP
STREET ADDRESS	1839 PINNACLE DR
CITY - ST - ZIP	LAKELAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	SD
3.3 STREET ADDRESS	Brescia Kendrick
3.4 CITY - ST - ZIP	1120 Hallamwood Trail South Lakeland, Florida 33813
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	VD
4.3 STREET ADDRESS	Terri Goleno
4.4 CITY - ST - ZIP	726 South Missouri Avenue Lakeland, Florida 33801
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	TD
5.3 STREET ADDRESS	Mark Miller
5.4 CITY - ST - ZIP	705 Laurel Lane Lakeland, Florida 33813
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes; I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or both, of this report with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #