FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

Principal Place of Business	Mailing Address
904 S. MISSOURI AVENUE LAKELAND FL 33803	904 S. MISSOURI AVENUE LAKELAND FL 33803

3. Date Incorporated or Qualified: 05/23/1975
3a. Date of Last Report: 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MILLER, BETH 904 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 — 4-2-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HOUSTON, DAVID	1.2 NAME	
STREET ADDRESS	101 W MAIN ST / STE - 100	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	HAAR, ROGER	2.2 NAME	
STREET ADDRESS	228 S MASSACHUSETTS AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	SD ☒ Change ☐ Addition
NAME	SANDERS, FAYE	3.2 NAME	Brescia Kendrick
STREET ADDRESS	4205 OLD HWY 37 / STE - 40	3.3 STREET ADDRESS	1120 Hallamwood Trail South
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	Lakeland, Florida 33813
TITLE	TD	4.1 TITLE	VD ☒ Change ☐ Addition
NAME	GOLENO, TERRI	4.2 NAME	Terri Goleno
STREET ADDRESS	726 SOUTH MISSOURI AVE	4.3 STREET ADDRESS	726 South Missouri Avenue
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	Lakeland, Florida 33801
TITLE	D	5.1 TITLE	TD ☒ Change ☐ Addition
NAME	DUNNE, PHILLIP	5.2 NAME	Mark Miller
STREET ADDRESS	1839 PINNACLE DR	5.3 STREET ADDRESS	705 Laurel Lane
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	Lakeland, Florida 33813
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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 is added as an officer or director with an address.

SIGNATURE: 4-6-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #