

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 19 1998 8:00am  
Secretary of State

|                                                 |                                                                                   |                                                                                                                  |
|-------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|

**DOCUMENT # 732846 (1)**  
 1. Corporation Name  
**LEARNING RESOURCE CENTER OF POLK COUNTY, INC.**

|                                             |                                             |
|---------------------------------------------|---------------------------------------------|
| Principal Place of Business                 | Mailing Address                             |
| 904 S. MISSOURI AVENUE<br>LAKELAND FL 33803 | 904 S. MISSOURI AVENUE<br>LAKELAND FL 33803 |



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

|                                                                                                     |                                                                     |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 3. Date Incorporated or Qualified                                                                   | 05/23/1975                                                          |
| 4. FEI Number                                                                                       | 51-0182646                                                          |
| 5. Certificate of Status Desired                                                                    | <input type="checkbox"/> \$8.75 Additional Fee Required             |
| 6. Election Campaign Financing Trust Fund Contribution                                              | <input type="checkbox"/> \$5.00 May Be Added to Fees                |
| 7. Is this nonprofit corporation a homeowners association?                                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

|                                                       |                |
|-------------------------------------------------------|----------------|
| 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                           |                                            |
|----------------|---------------------------|--------------------------------------------|
| TITLE          | VD                        | <input type="checkbox"/> DELETE            |
| NAME           | KENNEDY, CATHY            |                                            |
| STREET ADDRESS | 5231 SLIGH RD             |                                            |
| CITY-ST-ZIP    | LAKELAND FL               |                                            |
| TITLE          | D                         | <input checked="" type="checkbox"/> DELETE |
| NAME           | HAAR, ROGER               |                                            |
| STREET ADDRESS | 228 S MASSACHUSETTS AVE   |                                            |
| CITY-ST-ZIP    | LAKELAND FL               |                                            |
| TITLE          | TD                        | <input type="checkbox"/> DELETE            |
| NAME           | HOLLEN, RANDY             |                                            |
| STREET ADDRESS | 1222 HAMMOCK SHADE DRIVE  |                                            |
| CITY-ST-ZIP    | LAKELAND FL               |                                            |
| TITLE          | VD                        | <input type="checkbox"/> DELETE            |
| NAME           | SIEGEL, KENNETH           |                                            |
| STREET ADDRESS | 200 LAKE MORTON DR        |                                            |
| CITY-ST-ZIP    | LAKELAND FL               |                                            |
| TITLE          | PD                        | <input type="checkbox"/> DELETE            |
| NAME           | BOYINGTON, STEVE          |                                            |
| STREET ADDRESS | 110 S KENTUCKY AVE        |                                            |
| CITY-ST-ZIP    | LAKELAND FL               |                                            |
| TITLE          | TD                        | <input type="checkbox"/> DELETE            |
| NAME           | Autry, Hugh               |                                            |
| STREET ADDRESS | 1324 Lakeland Hills Blvd. |                                            |
| CITY-ST-ZIP    | Lakeland, FL 33804        |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |    |                                                                              |
|--------------------|----|------------------------------------------------------------------------------|
| 1.1 TITLE          | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |    |                                                                              |
| 1.3 STREET ADDRESS |    |                                                                              |
| 1.4 CITY-ST-ZIP    |    |                                                                              |
| 2.1 TITLE          |    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |    |                                                                              |
| 2.3 STREET ADDRESS |    |                                                                              |
| 2.4 CITY-ST-ZIP    |    |                                                                              |
| 3.1 TITLE          | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |    |                                                                              |
| 3.3 STREET ADDRESS |    |                                                                              |
| 3.4 CITY-ST-ZIP    |    |                                                                              |
| 4.1 TITLE          |    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |    |                                                                              |
| 4.3 STREET ADDRESS |    |                                                                              |
| 4.4 CITY-ST-ZIP    |    |                                                                              |
| 5.1 TITLE          | D  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |    |                                                                              |
| 5.3 STREET ADDRESS |    |                                                                              |
| 5.4 CITY-ST-ZIP    |    |                                                                              |
| 6.1 TITLE          |    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |    |                                                                              |
| 6.3 STREET ADDRESS |    |                                                                              |
| 6.4 CITY-ST-ZIP    |    |                                                                              |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address.

SIGNATURE: *[Signature]* 3/11/98 941-688-9477

CR2037 (10/97)