

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90048 031 ****61.25

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DOCUMENT # 732846

1. Corporation Name

LEARNING RESOURCE CENTER OF POLK COUNTY, INC.

Principal Place of Business

904 S. MISSOURI AVENUE
LAKELAND FL 33803

Mailing Address

904 S. MISSOURI AVENUE
LAKELAND FL 33803



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/23/1975

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

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

Beth Miller

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-2-99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME KENNEDY, CATHY
STREET ADDRESS 5231 SLIGH RD
CITY-ST-ZIP LAKELAND FL

TITLE VD ☐ DELETE
NAME HOLLEN, RANDY
STREET ADDRESS 1222 HAMMOCK SHADE DR
CITY-ST-ZIP LAKELAND FL

TITLE VD ☐ DELETE
NAME SIEGEL, KENNETH
STREET ADDRESS 200 LAKE MORTON DR
CITY-ST-ZIP LAKELAND FL

TITLE D ☐ DELETE
NAME BOYINGTON, STEVE
STREET ADDRESS 110 S KENTUCKY AVE
CITY-ST-ZIP LAKELAND FL

TITLE TD ☐ DELETE
NAME AUTRY, HUGH
STREET ADDRESS 1324 LAKELAND HILLS BLVD
CITY-ST-ZIP LAKELAND FL 33804

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CATHERINE HARRIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-99

Date

941-688-9477

Daytime Phone #

CR2E037 (11/98)