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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **737668** (4)
1. Corporation Name
POLK COMMUNITY COLLEGE FOUNDATION, INC.

RECEIVED - G PM 12:20

Principal Place of Business Mailing Address
999 AVENUE H NE **4299**
WINTER HAVEN FL 33881-7299 999 AVENUE H NE **4299**
WINTER HAVEN FL 33881-7299

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/28/1976	3a. Date of Last Report 02/11/1994
4. FEI Number 59-1819213	Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent PECK, MARYLY VANLEER 999 AVENUE H NE WINTER HAVEN FL 33881-4299	81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
					FL

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: *Maryly VanLeer Peck* 1/24/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature must be in cursive.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VCD	NAME ATKINSON, RONALD C.	1.1 TITLE CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 500 SOUTH FLORIDA AVE.	CITY-ST-ZIP LAKELAND FL	1.2 NAME ATKINSON, RONALD C.	
		1.3 STREET ADDRESS 500 SOUTH FLORIDA AVENUE	
		1.4 CITY-ST-ZIP LAKELAND, FL 33801	
TITLE D	NAME BOSTICK, MARK	2.1 TITLE V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9 BROGDEN COURT SE	CITY-ST-ZIP WINTER HAVEN FL	2.2 NAME PINNER, ERNIE	
		2.3 STREET ADDRESS P.O. BOX 193	
		2.4 CITY-ST-ZIP WINTER HAVEN, FLORIDA	
TITLE SD	NAME PECK, MARYLY VANLEER	3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 999 AVENUE H NE	CITY-ST-ZIP WINTER HAVEN FL 33881-4299	3.2 NAME PECK, MARYLY VANLEER	
		3.3 STREET ADDRESS 999 AVENUE H, NE	
		3.4 CITY-ST-ZIP WINTER HAVEN, FL 33881-4299	
TITLE D	NAME DAVIDSON, GLEN	4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1140 W. LAKE HAMILTON	CITY-ST-ZIP WINTER HAVEN FL	4.2 NAME STICKLER, ROBERT	
		4.3 STREET ADDRESS P.O. BOX 7379	
		4.4 CITY-ST-ZIP WINTER HAVEN, FL 33882	
TITLE CD	NAME LITTLE, BERNARD L. JR.	5.1 TITLE MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4105 MAINE AVENUE	CITY-ST-ZIP LAKELAND FL	5.2 NAME RYAN, WILLIAM N.	
		5.3 STREET ADDRESS 999 AVENUE H, NE	
		5.4 CITY-ST-ZIP WINTER HAVEN, FL 33881	
TITLE TD	NAME PINNER, ERNIE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 113 S TENNESSEE AVE.	CITY-ST-ZIP LAKELAND FL	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 110.07(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 on an attachment with amendments.

SIGNATURE: *Maryly VanLeer Peck* 1/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #