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Feb 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 737668 (4)

1. Corporation Name

POLK COMMUNITY COLLEGE FOUNDATION, INC.



Principal Place of Business

Mailing Address

999 AVENUE H. NE
WINTER HAVEN FL 33881-4299
US

999 AVENUE H. NE
WINTER HAVEN FL 33881-4256
US

3. Date Incorporated or Qualified
12/28/1976

3a. Date of Last Report
02/19/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1819213

Applied For
Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

25 Country

28 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PECK, MARYLY VANLEER
999 AVENUE H NE
WINTER HAVEN FL 33881

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 *Maryly VanLeer Peck* Maryly VanLeer Peck, Secretary 1/16/97
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 CD DELETE
NAME PINNER, ERNIE
STREET ADDRESS P.O. BOX 193 N/A
CITY-ST-ZIP WINTER HAVEN FL

1.1 TITLE TD Change Addition
1.2 NAME Saterbo, Steve
1.3 STREET ADDRESS P.O. Box 899 N/A
1.4 CITY-ST-ZIP Winter Haven, FL 33882

TITLE MD DELETE
NAME RYAN, WILLIAM N.
STREET ADDRESS 999 AVENUE H, NE
CITY-ST-ZIP WINTER HAVEN FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD DELETE
NAME PECK, MARYLY VANLEER
STREET ADDRESS 999 AVENUE H NE
CITY-ST-ZIP WINTER HAVEN FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD DELETE
NAME STICKLER, ROBERT
STREET ADDRESS 141 EAST CENTRAL AVENUE
CITY-ST-ZIP WINTER HAVEN FL

4.1 TITLE VD Change Addition
4.2 NAME Stickler, Robert
4.3 STREET ADDRESS 141 East Central Avenue
4.4 CITY-ST-ZIP Winter Haven, FL 33880

TITLE VD DELETE
NAME TUCKER, LARRY
STREET ADDRESS P.O. BOX 2316 NA
CITY-ST-ZIP WINTER HAVEN FL

5.1 TITLE CD Change Addition
5.2 NAME Tucker, Larry
5.3 STREET ADDRESS P.O. Box 2316 N/A
5.4 CITY-ST-ZIP Winter Haven, FL 33882

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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.

SIGNATURE: *Maryly VanLeer Peck* Maryly VanLeer Peck 941-297-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0054628

CR2E037 (9/96)