

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90027 042 ****61.25

DOCUMENT # 737668

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1819213

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

J LARRY DURRENCE
999 AVE H NE
WINTER HAVEN FL 33881

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DURRENCE, J LARRY**
 STREET ADDRESS **999 AVE H NE**
 CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **C** Delete
 NAME **SATERBO, STEVEN**
 STREET ADDRESS **P O BOX 899 N/A**
 CITY-ST-ZIP **WINTER HAVEN FL 33882**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VC** Delete
 NAME **STRAUGHN, RICHARD**
 STREET ADDRESS **P O BOX 2295 N/A**
 CITY-ST-ZIP **WINTER HAVEN FL 33883**

TITLE **VC** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **MCPHERSON, CHARLES**
 STREET ADDRESS **POST OFFICE BOX 1380**
 CITY-ST-ZIP **WINTER HAVEN FL 33882-1380**

TITLE **VC** Change Addition
 NAME
 STREET ADDRESS **P O Box 32036**
 CITY-ST-ZIP **Lakeland, FL 33802-2036**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **Adamson, Eric**
 STREET ADDRESS **391 East Central Avenue**
 CITY-ST-ZIP **Winter Haven, FL 33880-3047**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William N. Ryan* **William N. Ryan**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/2000

Date

863-297-1072

Daytime Phone #

CR2E037 (9/99)