


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90067 021 \*\*\*\*70.00

**DOCUMENT # 737668**  
 1. Entity Name  
**POLK COMMUNITY COLLEGE FOUNDATION, INC.**



40041406



03062007 Chg-NP CR2E037 (12/06)

Principal Place of Business  
 999 AVENUE H, NE  
 WINTER HAVEN, FL 33881-4299 US

Mailing Address  
 999 AVENUE H, NE  
 WINTER HAVEN, FL 33881-4299 US

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 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

**6. Name and Address of Current Registered Agent**

HOLDEN, EILEEN  
 999 AVE H NE  
 WINTER HAVEN, FL 33881

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2007**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE D  Delete  
 NAME HOLDEN, EILEEN  
 STREET ADDRESS 999 AVE H NE  
 CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME KING, GREGORY  
 STREET ADDRESS 7401 CYPRESS GARDENS BLVD  
 CITY-ST-ZIP WINTER HAVEN, FL 33888

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE C  Delete  
 NAME BRANDON, JACK  
 STREET ADDRESS 130 E CENTRAL  
 CITY-ST-ZIP LAKE WALES, FL

TITLE D  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VC  Delete  
 NAME FIELDS, GOW  
 STREET ADDRESS 229 N FLORIDA AVE  
 CITY-ST-ZIP LAKELAND, FL 33801

TITLE C  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE T  Delete  
 NAME ADAMS, BEN JR  
 STREET ADDRESS 621 SNIVELY AVE  
 CITY-ST-ZIP WINTER HAVEN, FL 33880

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

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE T  Addition  
 NAME TURNER, MARK  
 STREET ADDRESS 255 MAGNOLIA AVE SW  
 CITY-ST-ZIP WINTER HAVEN, FL 33883

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 ad \_\_\_\_\_ther like empowered.

SIGNATURE: Eileen Holden Date: 3-12-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #