


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90032 031 ****70.00

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




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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/07)

4. FEI Number Applied For
59-1819213 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 is required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HOLDEN, EILEEN	
STREET ADDRESS	999 AVE H NE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KING, GREGORY	
STREET ADDRESS	7401 CYPRESS GARDENS BLVD	
CITY-ST-ZIP	WINTER HAVEN FL 33888	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRANDON, JACK	
STREET ADDRESS	130 E CENTRAL	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	FIELDS, GOW	
STREET ADDRESS	229 N FLORIDA AVE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	VC	<input type="checkbox"/> Delete
NAME	ADAMS, BEN JR	
STREET ADDRESS	621 SNIVELY AVE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	T	<input type="checkbox"/> Delete
NAME	TURNER, MARK	
STREET ADDRESS	255 MAGNOLIA AVE. SW	
CITY-ST-ZIP	WINTER HAVEN FL 33883	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 address, with all other like empowered.

SIGNATURE: *Eileen Holden* 863-669-2898