

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90138 026 ****61.25

DOCUMENT # 737668

1. Entity Name
POLK COMMUNITY COLLEGE FOUNDATION, INC.



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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1819213		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	MD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RYAN, WILLIAM N.			NAME			
STREET ADDRESS	999 AVENUE H, NE			STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DURRENCE, J LARRY			NAME			
STREET ADDRESS	999 AVE H NE			STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL 33881			CITY-ST-ZIP			
TITLE	C	<input checked="" type="checkbox"/> Delete		TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCPHERSON, CHARLES			NAME	King, Gregory		
STREET ADDRESS	P O BOX 32036			STREET ADDRESS	7401 Cypress Gardens Blvd.		
CITY-ST-ZIP	LAKELAND FL 33802-2036			CITY-ST-ZIP	Winter Haven, FL 33888		
TITLE	C	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ADAMSON, ERIC			NAME			
STREET ADDRESS	141 EAST CENTRAL AVE SUITE 350			STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL 33880			CITY-ST-ZIP			
TITLE	VC	<input type="checkbox"/> Delete		TITLE	C	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BACHMAN, BRUCE			NAME			
STREET ADDRESS	621 SNIVELY AVENUE			STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL 33880			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE	VC	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ATTAWAY, JOHN JR			NAME			
STREET ADDRESS	321 S KENTUCKY AVE			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33801			CITY-ST-ZIP			

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* 1/15/03 297-1072

CR2E037 (10/02)