

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766319

FILED
Apr 25, 2005
Secretary of State

Entity Name: POLK THEATRE, INC.

Current Principal Place of Business:

LESLIE A. SIKORA
121 S FLORIDA AVE
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

LESLIE A. SIKORA
127 S FLORIDA AVE
LAKELAND, FL 33801 US

New Mailing Address:

FEI Number: 59-2274522 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAIL, RICHARD
1 LAKE MORTON DRIVE
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: NOBO, RALPH J JR
Address: 222 WEST MAIN STREET, SUITE B
City-St-Zip: BARTOW, FL 33830

Title: DV () Delete
Name: BENTLEY, SUE
Address: 3 CASA LOMA WAY
City-St-Zip: LAKELAND, FL 33813

Title: ED () Delete
Name: SIKORA, LESLIE A
Address: 127 S FLORIDA AVE
City-St-Zip: LAKELAND, FL 33801

Title: DT () Delete
Name: HUDSON, ROBERT P
Address: 1418 HOLLINGSWORTH OAKS
City-St-Zip: LAKELAND, FL 33803

Title: DT () Delete
Name: DREYER, DALE E
Address: 2410 HOLLINGSWORTH HILL DRIVE
City-St-Zip: LAKELAND, FL 33803

Title: DT () Delete
Name: FITZWATER, LU
Address: 1151 EAST HIGHLANDS DRIVE
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE A. SIKORA

ED

04/25/2005

Electronic Signature of Signing Officer or Director

Date