

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90821 013 ****61.25

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| | | | | | |
|--|---------------------------------|---|--|---|--|
| DOCUMENT # N04000004390 1. Entity Name POLK COUNTY BUILDERS ASSOCIATION FOUNDATION, INC. | | | | | |
| Principal Place of Business 2232 HERITAGE DRIVE LAKELAND, FL 33801 | | | Mailing Address 2232 HERITAGE DRIVE LAKELAND, FL 33801 | | |
| 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 | 4. FEI Number 26-0086896 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| NIVALA, BARBARA 1232 ROBINSWOOD COURT NORTH LAKELAND, FL 33813 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HUNT, ALICE | | NAME | | |
| STREET ADDRESS | 5830 SCOTT LK HILLS LN | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND, FL 33813 | | CITY-ST-ZIP | | |
| TITLE | ST | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WALLER, BRIAN | | NAME | | |
| STREET ADDRESS | POB 3563 | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND, FL 33802 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | TINSLEY, DONOVAN | | NAME | | |
| STREET ADDRESS | P.O. BOX 5994 | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND, FL 33807 | | CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WATERS, LORI | | NAME | | |
| STREET ADDRESS | 9469 WATERFORD OAKS DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | WINTER HAVEN, FL 33884 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HICKMAN, MIKE | | NAME | | |
| STREET ADDRESS | 7375 MILLBROOK OAKS DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND, FL 33813 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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 address, with all other like empowered. | | | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>4/25/07</u> Daytime Phone # _____ | | |