

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000000727 1. Entity Name POLK COMPUTER USERS' GROUP, INC.	
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Principal Place of Business PO BOX 90404 LAKELAND, FL 33804-0404 US	Mailing Address PO BOX 90404 LAKELAND, FL 33804-0404 US
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DO NOT WRITE IN THIS SPACE

04182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3170958	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOOKS, WILBUR 5745 POINCIANA AVENUE LAKELAND, FL 33809-3354	DO NOT WRITE IN THIS SPACE
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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 remaining) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000725820 05/03/07-80038-001 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLAY, DALLAS 112 QUAILWOOD DR WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP1 CARPENTER, GLORIA 2955 S FLORAL AVE 312 WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCELHINNEY, ANNE 2316 CAROLINA AVENUE LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOOKS, WILBUR 5745 POINCIANA AVENUE LAKELAND, FL 338093354
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ANDERSON, RUTH 2348 S CRYSTAL LAKE DR LAKELAND, FL 338016642
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Wilbur O. Hooks **Wilbur O. Hooks** **April 19, 2007** **(863) 858-3279**

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