

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732846

**Entity Name:** LEARNING RESOURCE CENTER OF POLK COUNTY, INC.

**Current Principal Place of Business:**

1628 SOUTH FLORIDA AVENUE  
LAKELAND, FL 33803

**Current Mailing Address:**

1628 SOUTH FLORIDA AVENUE  
LAKELAND, FL 33803

**FEI Number:** 51-0182646

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CRAVEN, PAMELA DR.  
1628 SOUTH FLORIDA AVENUE  
LAKELAND, FL 33803 US

*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

**Officer/Director Detail :**

Title SECOND VICE PRESIDENT  
Name BARCLAY, JOYCE  
Address 2012 LAKE BENTLEY COURT  
City-State-Zip: LAKELAND FL 33803

Title PRESIDENT  
Name HIGHTOWER, SANDY DR.  
Address 6780 LAKE CLARK DRIVE  
City-State-Zip: LAKELAND FL 33813

Title FIRST VICE PRESIDENT  
Name NORMAN, RAYMOND MR.  
Address JAMES I. BLACK & COMPANY  
311 SOUTH FLORIDA AVE.  
City-State-Zip: LAKELAND FL 33801

Title TREASURER  
Name SULLIVAN, ANNIE  
Address FARM CREDIT OF CENTRAL FLORIDA  
PO BOX 8009  
City-State-Zip: LAKELAND FL 33802

*I hereby 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 all other like empowered.*

**SIGNATURE:** SANDY HIGHTOWER

**PRESIDENT**

**01/25/2017**

Electronic Signature of Signing Officer/Director Detail

Date