2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2014
Secretary of State
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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	PRESIDENT	Title	TREASURER
Name	CARTER, MICHAEL	Name	NORMAN, RAYMOND MR.
Address	402 S KENTUCKY AVE. #600	Address	JAMES I. BLACK & COMPANY 311 SOUTH FLORIDA AVE.
City-State-Zip:	LAKELAND FL 33801	City-State-Zip:	LAKELAND FL 33801
Title	SECRETARY	Title	FIRST VICE PRESIDENT
Name	WILLIAMS, BRITT CPT.	Name	PELLEGRINI, RICHARD MR.
Address	POLK COUNTY SHERIFF'S OFFICE 1891 JIM KEENE BLVD.	Address	667 GRASSLANDS VILLAGE CIRCLE
City-State-Zip:	WINTER HAVEN FL 33880	City-State-Zip:	LAKELAND FL 33803

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: MICHAEL CARTER — PRESIDENT, BOARD OF TRUSTEES — 02/24/2014

Electronic Signature of Signing Officer/Director Detail — Date