

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737668

**FILED**  
**Jan 29, 2016**  
**Secretary of State**  
**CC1240947377**

**Entity Name:** POLK STATE COLLEGE FOUNDATION, INC.

**Current Principal Place of Business:**

999 AVENUE H NE  
WINTER HAVEN, FL 33881

**Current Mailing Address:**

999 AVENUE H NE  
WINTER HAVEN, FL 33881 US

**FEI Number:** 59-1819213

**Certificate of Status Desired:** Yes

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

HOLDEN, EILEEN  
999 AVE H NE  
WINTER HAVEN, FL 33881 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 D  
Name HOLDEN, EILEEN  
Address 999 AVE H NE  
City-State-Zip: WINTER HAVEN FL 33881

Title D  
Name SAXENA, ANU  
Address 20 LAKE WIRE DRIVE, STE 160  
City-State-Zip: LAKELAND FL 33815

Title D  
Name HARRISON, MELINDA  
Address 1600 LAKELAND HILLS BLVD  
City-State-Zip: LAKELAND FL 33805

Title D  
Name BOYER, GARY  
Address PO BOX 8  
City-State-Zip: POLK CITY FL 33868

Title D  
Name PARKER, BONNIE  
Address 1120 1ST STREET SO  
City-State-Zip: WINTER HAVEN FL 33880

Title D  
Name ASHLEY, KEVIN  
Address 199 AVE B NW, STE 200  
City-State-Zip: WINTER HAVEN FL 33881

*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: DR. EILEEN HOLDEN**

**DIRECTOR**

**01/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date