

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90016 038 ****61.25

DOCUMENT # 708706

1. Entity Name
POLK EDUCATION ASSOCIATION, INC.



Principal Place of Business
**730 EAST DAVIDSON STREET
BARTOW, FL 33830 US**

Mailing Address
**730 EAST DAVIDSON STREET
BARTOW, FL 33830 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1152677

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LITTLEFIELD, LEE S
730 E. DAVIDSON ST.
BARTOW, FL 33830**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D MYRICK, PAUL**
STREET ADDRESS **168 IMPERIAL OAK CT.**
CITY-ST-ZIP **DAVENPORT, FL 33896**

TITLE ☐ Delete
NAME **P CAPOZIELLO, MARIANNE**
STREET ADDRESS **140 TREMONT DR.**
CITY-ST-ZIP **WINTER HAVEN, FL 33883**

TITLE ☐ Delete
NAME **D RIDDLE, MELINDA**
STREET ADDRESS **P.O. BOX 1077**
CITY-ST-ZIP **HIGHLAND CITY, FL 33846**

TITLE ☐ Delete
NAME **ST CISOO, SUSAN**
STREET ADDRESS **920 AVE E NE**
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE ☐ Delete
NAME **D OLIVER, DONNA**
STREET ADDRESS **747 WINFREE AVE**
CITY-ST-ZIP **LAKELAND, FL 33801**

TITLE ☐ Delete
NAME **VP WELLS, BERNARD JR**
STREET ADDRESS **4413 MAHOGANY RUN SE**
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/06 83533-0908