

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708706

FILED
Jan 27, 2009
Secretary of State

Entity Name: POLK EDUCATION ASSOCIATION, INC.

Current Principal Place of Business:

730 EAST DAVIDSON STREET
BARTOW, FL 33830 US

New Principal Place of Business:

Current Mailing Address:

730 EAST DAVIDSON STREET
BARTOW, FL 33830 US

New Mailing Address:

FEI Number: 59-1152677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEONARD, DELDRICK
Address: 9126 THOMASVILLE DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: P () Delete
Name: CAPOZIELLO, MARIANNE
Address: 140 TREMONT DR.
City-St-Zip: WINTER HAVEN, FL 33883

Title: D () Delete
Name: RIDDLE, MELINDA
Address: P.O. BOX 1077
City-St-Zip: HIGHLAND CITY, FL 33846

Title: D () Delete
Name: TROLLER, JUSTIN
Address: 2274 HONEY COMB LAKE
City-St-Zip: LAKE LAND, FL 33801

Title: D () Delete
Name: MCDERMAID, KIM
Address: 8077 JAMESTOWN DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP () Delete
Name: CAMERON, SUSAN
Address: 920 AVE E. NE
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FRANCOEUR

MRS.

01/27/2009

Electronic Signature of Signing Officer or Director

Date