

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708706

FILED
Feb 24, 2010
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 (X)

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
Name: LEONARD, DELDRICK
Address: 9126 THOMASVILLE DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

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

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

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

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

Title: VP
Name: CAMERON, SUSAN
Address: 920 AVE E. NE
City-St-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: MARIANNE CAPOZIELLO

P

02/24/2010

Electronic Signature of Signing Officer or Director

Date