2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

1. Entity Name POLK COUNTY, FLORIDA CHAPTER OF THE SOCIETY FOR THE PRESERVATION ENCOURAGEMENT OF BARBER SHOP QU Principal Place of Business Mailing Address)4-30-2007 90	449 022 ****61.2	25	
TRINICY MET 2551 HAVEN	HODIST CHURCH	197 EDELWEISS DR WINTER HAVEN, FL 3388	31 US		HE (1818) INDIA (1881 GHI)	OTORN ONOTH ONOTH ORBITA OLIONA OTOR	ILITA BA IBBI	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2.215 0			<i>D</i> •==					
2215 OLNEY ROAD 2215 OLNE Suite, Apt. #, etc. Suite, Apt. #, etc.			KOAD	04202007	Che ND	CR2E037 (12/06)		
. City & State	•	City & State		4. FEI Number	Chg-NP		optied For	
	NO, FL	LAKELAND, F	7	59-61980	614	<u> </u>	ot Applicable	
33BO1-6	622 USA	33801-6622	Country LLSA	5. Certificate of	Status Desired	See Require		
	8. Name and Address of Current Re	egistered Agent		7. Name and A	ddress of New Re	gistered Agent		
NORDRY	HAROLD	Name AL COPP, TREASURER						
NORDBY, HAROLD 197 EDELWEISS DR WINTER HAVEN, FL 33881			Street Address (P.O. Box Number is Not Acceptable) C/O BOYD HATLEY					
AAİMTEKL	1AVEN, FL 33001		22	15 OLNEY	_			
<u>:</u>			Citva					
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.								
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SIGNATURE .								
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: R	legistered Agent signatur	re required when reinstating)		DATE		
<u> </u>	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: R	legistered Agent signatur	re required when reinstating)		DATE	<u> </u>	
	Signature, typed or printed name of registered agent and Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees		DATE ike check payable to da Department of St		
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees	Florid	ike check payable t	tate	
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12. I hereby certify that the information supplied with this filling does not quality 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: BOYD HATLEY 423-07 (843) 665-1926

SIGNATURE AND TYPED ON PRINTED MARKE OF ANGENING OFFICER ON ORDER CTOR

Date

Date

Delta De