


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90449 022 ****61.25

DOCUMENT # 709125 1. Entity Name POLK COUNTY, FLORIDA CHAPTER OF THE SOCIETY FOR THE PRESERVATION ENCOURAGEMENT OF BARBER SHOP QU		
Principal Place of Business TRINITY METHODIST CHURCH 2551 HAVENDALE BLVD WINTER HAVEN, FL 33881		Mailing Address 197 EDELWEISS DR WINTER HAVEN, FL 33881 US
2. Principal Place of Business - No P.O. Box # 2215 OLNEY ROAD Suite, Apt. #, etc.	3. Mailing Address 2215 OLNEY ROAD Suite, Apt. #, etc.	
City & State LAKELAND, FL Zip 33801-6622	City & State LAKELAND, FL Zip 33801-6622	4. FEI Number 59-6198614
Country USA		Country USA
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
6. Name and Address of Current Registered Agent NORDBY, HAROLD 197 EDELWEISS DR WINTER HAVEN, FL 33881		7. Name and Address of New Registered Agent Name AL COPP, TREASURER Street Address (P.O. Box Number is Not Acceptable) C/O BOYD HATLEY 2215 OLNEY ROAD City LAKELAND, FL Zip Code 33801-6622
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.		
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE TD <input checked="" type="checkbox"/> Delete NAME NORDBY, HAROLD STREET ADDRESS 197 EDELWEISS DR CITY-ST-ZIP WINTER HAVEN, FL 33881	TITLE DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME AL COPP, AL STREET ADDRESS C/O B. HATLEY, 2215 OLNEY ROAD CITY-ST-ZIP LAKELAND, FL 33801-6622	
TITLE SD <input type="checkbox"/> Delete NAME ECKLAND, ALLEN STREET ADDRESS 6644 ENELELAKE DR CITY-ST-ZIP LAKELAND, FL 33813	TITLE DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME ECKLAND, ALLEN STREET ADDRESS 6644 ENGLE LAKE DR. CITY-ST-ZIP LAKELAND, FL 33813-3773	
TITLE D <input checked="" type="checkbox"/> Delete NAME NIST, THOMAS STREET ADDRESS 71 HEWLETT DRIVE CITY-ST-ZIP AUBURNDALE, FL 33823	TITLE DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME HATLEY, BOYD STREET ADDRESS 2215 OLNEY ROAD CITY-ST-ZIP LAKELAND, FL 33801-6622	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME SIMPSON, RON STREET ADDRESS 3342 TURNSBERRY LANE CITY-ST-ZIP LAKELAND, FL 33803	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Boyd Hatley</u> BOYD HATLEY		Date <u>4-28-07</u> (863) 665-1926 Daytime Phone #