2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709125

FILED Mar 28, 2009 Secretary of State

Entity Name: THE POLK COUNTY CHAPTER OF THE BARBERSHOP HARMONY SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business:

2215 OLNEY RD 3422 WATERLUTE WAY LAKELAND, FL 33801 LAKELAND, FL 33811 US

Current Mailing Address: New Mailing Address:

2215 OLNEY RD 3422 WATERLUTE WAY LAKELAND, FL 33801 US LAKELAND, FL 33811 US

FEI Number: 59-6173085 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COPP, AL TREA SMITH, MORGAN E TREA C/O BORO HATLEY 3422 WATERLUTE WAY LAKELAND, FL 33801 US LAKELAND, FL 33811 US

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: MORGAN E SMITH 03/28/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: DT () Delete Title: DP (X) Change () Addition

Name: COPP, AL Name: SMITH, ALTON DR.

Address: C/O B. HATLEY, 2215 OLNEY ROAD Address: 1413 HAMMOCK SHADE DRIVE City-St-Zip: LAKELAND, FL 33801 City-St-Zip: LAKELAND, FL 33809 US

Title: DS () Delete Title: (X) Change () Addition MCCLURE, LEE Name: O'ROURKE, WARREN SECRETA Name: Address: 1031 DINGOIN PLACE Address: 917 MISSISSIPPI AVENUE City-St-Zip: LAKELAND, FL 33809 City-St-Zip: LAKELAND, FL 33803 US

Title: DP () Delete Title: (X) Change () Addition HATLEY, BOYD SMITH, MORGAN E TREASUR Name: Name: 2215 OLNEY RD 3422 WATERLUTE WAY Address: Address: City-St-Zip: LAKELAND, FL 33801 City-St-Zip: LAKELAND, FL 33811 US

Title: DV () Delete Title: DV (X) Change () Addition

 Name:
 SIMPSON, RON
 Name:
 SIMPSON, RON

 Address:
 3342 TURNSBERRY LN
 Address:
 3342 TURNSBERRY LN

 City-St-Zip:
 LAKELAND, FL 33803
 City-St-Zip:
 LAKELAND, FL 33803 US

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: MORGAN E SMITH DT 03/28/2009