2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# 713979

Entity Name: POLK ASSOCIATION OF CHAMBERS OF COMMERCE, INC.

Current Principal Place of Business:

111 EAST PARK ST
AUBURNDALE, FL 33823 US

New Principal Place of Business:

35 LAKE MORTON DRIVE
LAKELAND, FL 33802 US

Current Mailing Address:

111 E PARK ST
AUBURNDALE, FL 33823 US

New Mailing Address:

35 LAKE MORTON DRIVE
LAKELAND, FL 33802 US

FEI Number: 59-2352312 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, DRU C
111 EAST PARK STREET
AUBURNDALE, FL 33823 US

Name and Address of New Registered Agent:

MUNSON, KATHLEEN
35 LAKE MORTON DRIVE
LAKELAND, FL 33802 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: KATHLEEN MUNSON 04/30/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GERNERT, BOB
Address: P.O. BOX 1420
City-St-Zip: WINTER HAVEN, FL 33882

Title: SD ( ) Delete
Name: WILSON, DRU C
Address: 111 E PARK ST
City-St-Zip: AUBURNDALE, FL

Title: DVP (X) Delete
Name: CUNNINGHAM, LORI
Address: P.O. BOX 986
City-St-Zip: HAINES CITY, FL 33845

Title: D (X) Delete
Name: WILKIN, BETH
Address: P.O. BOX 91
City-St-Zip: FORT MEADE, FL 33841

Title: D ( ) Delete
Name: CLARK, JEFF
Address: 510 BROADWAY AVENUE
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition
Name: MUNSON, KATHLEEN
Address: 35 LAKE MORTON
City-St-Zip: LAKELAND, FL 33802

Title: ( ) Change ( ) Addition
Name:
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 for the exemption stated in Section 119.07(3)(i), 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: BOB GERNERT, JR. PD 04/30/2005
Electronic Signature of Signing Officer or Director Date