

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713979

FILED
Mar 23, 2009
Secretary of State

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

Current Principal Place of Business:

35 LAKE MORTON DRIVE
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

35 LAKE MORTON DRIVE
LAKELAND, FL 33801 US

New Mailing Address:

FEI Number: 59-2352312

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNSON, KATHLEEN
35 LAKE MORTON DRIVE
LAKELAND, FL 33801 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: S () Delete
Name: GERNERT, BOB
Address: P.O. BOX 1420
City-St-Zip: WINTER HAVEN, FL 33882

Title: PT () Delete
Name: MUNSON, KATHLEEN
Address: 35 LAKE MORTON
City-St-Zip: LAKELAND, FL 33802

Title: V () 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: () 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 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: KATHLEEN L. MUNSON

RA

03/23/2009

Electronic Signature of Signing Officer or Director

Date