2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #720818

1. Entity Name
SESAME GROTTO OF POLK COUNTY HOLDING
CORPORATION INC



Apr 02, 2007 8:00 am Secretary of State 04-02-2007 90072 037 ****61.25

FILED

CURP	UKAI	IUN,	INC.	

Principal Place of Business 3030 MORGAN COMBEE RD. LAKELAND, FL 33801 Mailing Address

PO BOX 3484

LAKELAND, FL 33802

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Principal Place of Business - No P.O. Box # 3.		3. Mail	. Mailing Address					ROH LLON LLED	TI) 01 (88)		
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.		01152007	Chg-NP	CR2E037	(12/06)			
City & State		Cit	y & State				4. FEI Number 23-70894	 47			ofied For Applicable
Zip	Country	Zip	Zip Cour		intry		5. Certificate of			8.75 Addi	tional
	6. Name and Address of Current	Registere	ed Agent		7. Name and Address of New Registered Agent						
			Name								
FRANKLIN, JAMES "RUSTY" R 318 MAIN STREET E BARTOW, FL 33830			Street Address (P.O. Box Number is Not Acceptable)								
					City				FL	Zip Code	•
8. The above	named entity submits this statement to	or the purp	ose of changing its	register	ed office o	r register	red agent, or both,	in the State of Flor	rida. I am fa	miliar with,	and accept
the obligati	ons of registered agent.										
SIGNATURE	Signature, typed or printed name of registered agent	arvo title il app	olicabio. (NOTE	Registere	d Agent signal	beriuper and	1 when reinstating)		DATE		
	Filing Fee is \$61.25		9. Election Can	nosion E	inancina		£5.00	1	ka chack	payable to	
	Due by May 1, 2007		Trust Fund C				\$5.00 May Be Added to Fees			ment of St	
10.	OFFICERS AND DI	RECTORS		11.			ADDITIONS/CHAN	GES TO OFFICER	S AND DIR	ECTORS IN	10
TITLE	D		Q\$ Delete	TITL	E	P	. ρ			Change	Æ Addition
NAME	LOWE, EDWARD LEE			NAM		Rog	BUTTER	PALIT PL	ACE		
STREET ADDRESS CITY-ST-ZIP	1022 FOUNTAINVIEW N LAKELAND, FL 338093419				EET ADDRESS (-ST-ZIP	102	RIANDIF	=	3-260	6	
TITLE	T		Z Qelete	m		7				☐ Change	[25-Addition
NAME	ZELONKY, BRUCE		ساميحور	NAM		Dolo	W H. ST	GUEUSON	<u>ر</u>		
STREET ADDRESS	55 COLEMAN ROAD			STR	EET ADDRESS	1160	5 6. MAIN	v 57-			
CITY-ST-ZEP	WINTER HAVEN, FL 33880141	0		CITY	(-ST-ZIP	BA	ON H. STO E. MAIN ETOW,	FL 338	30		
TITLE	Р		Delete	TITL	E	D				Change	Addition
NAME OTROTT ADORSOO	PIATT, DAVID			NAM		7					
STREET ADDRESS CITY-ST-ZIP	P.O. BOX 91773 LAKELAND, FL 338041773				EET ADDRESS (-S1-ZIP						
TITLE	S		☐ Delete	TITL						☐ Change	☐ Addition
NAME	PARKER, RICHARD F		LJ Ocicie	NAN						C ourse	C. Mariner
STREET ADDRESS	416 S ELM ROAD			STR	EET ADORESS						
CITY-ST-ZIP	LAKELAND, FL 33801			CITY	Y-ST-ZIP			<u> </u>			
TITLE	VP		27 Delete	THL	-	VP	2.4			Change	Addition
NAME STREET ADDRESS	FLETCHER, WARREN A 2444 PARK PASS			HAA	AE Eet adoress	ma	TT BARG	ひにて	Place	DR.	
CITY-ST-ZIP	LAKELAND, FL 33805				Y-ST-ZIP	11/10	TER HA	VEN EL	338	રુત્ય	
TITLE	D	-	☐ Delete	1111		- 170	TOK MA	ve w, , c	- 0)-	Change	Addition
NAME	ZECHMAN, AUSTIN J		L. Lexae	NAM							
STREET ADDRESS	529 LAZY LAKE DR. EAST				EET ADORESS						
CHY-ST-ZIP	LAKELAND, FL 338016468			сп	Y-ST-ZIP	<u> </u>					

12. I hereby certify that the information supplied with this filling 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.

SENATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR	Date	Davtrne Phone #
SIGNATURE: Roce 20 Lache Roger W PARKS	3-23-07	863-619-6238