


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90180 032 \*\*\*\*70.00

<b>DOCUMENT # 730718</b>					
1. Entity Name POLK COUNTY HISTORICAL ASSOCIATION, INC.					
Principal Place of Business POST OFFICE BOX 2749 BARTOW, FL 33830			Mailing Address P.O. BOX 2749 BARTOW, FL 33831-2749		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 23-7450875	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILSON, DONALD H JR 150 EAST DAVIDSON STREET BARTOW, FL 33830			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ETHEREDGE, EDWARD		NAME	Denham, James M.	
STREET ADDRESS	1850 MARIPOSA AVENUE		STREET ADDRESS	729 Woodhill Dr. Lakeland, Fl 33801	
CITY-ST-ZIP	BARTOW, FL 33830		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENHAM, JAMES M		NAME	Holton, James V.	
STREET ADDRESS	729 WOODHILL DRIVE		STREET ADDRESS	158 Oak Square Lakeland, Fl 33813	
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THORNHILL, PAUL		NAME	Bradway, Linda Walker	
STREET ADDRESS	2435 PETERSON ROAD		STREET ADDRESS	3425 Saddle Creek Rd Lakeland, Fl 33801	
CITY-ST-ZIP	LAKELAND, FL 338133222		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JARRETT, KATHRYN		NAME	Sthreshley, Fitzhugh III	
STREET ADDRESS	1536 HOLLY ROAD		STREET ADDRESS	P.O.Box 70 Ft.Meade, Fl 33841	
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURR, PEGGY		NAME	Roberts, Susan W.	
STREET ADDRESS	806 W. PATTERON STREET		STREET ADDRESS	P.O.Box 2037 Lakeland, Fl 33806	
CITY-ST-ZIP	LAKE LAND, FL 338031450		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COPELAND, DOY		NAME	Sellers, Melvin	
STREET ADDRESS	13-B MOORE RD.		STREET ADDRESS	6931 Newman Circle E Lakeland, Fl 33811	
CITY-ST-ZIP	HAINES CITY, FL 33844		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: <i>Linda Walker Denham</i>			4-26-06 863-661-4197		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

# ATTACHMENT ATTACHMENT

**Mr. Ray Albritton**  
4830 Bethlehem Road  
Mulberry, Florida 33860

**Ms. Peggy Burr**  
806 W. Patterson Street  
Lakeland, Florida 33803-1450

**Dr. Edward E. Etheredge**  
1850 Mariposa Avenue  
Bartow, Florida 33830

**Mr. Mark Hall**  
5735 Hendricks Road  
Lakeland, Florida 33811-2110

**Mr. William Lloyd Harris**  
565 W. Pearl Street  
Bartow, Florida 33830

**Ms. Betty McCall**  
P. O. Box 182  
Homeland, Florida 33847

**Mr. Odell Robinson**  
1850 Carolina Ave. N  
Bartow, Florida 33830

**Ms. Sue Sellers**  
6931 Newman Circle E.  
Lakeland, Florida 33811-2566

**Dr. Angelo Spoto**  
2515 Hollingsworth Hill  
Lakeland, Florida 33803-3236

**Mr. Doc S. Wesson, Jr.**  
1002 Success Avenue  
Lakeland, Florida 33803-1356

**Mr. Charlie Wilson**  
530 Brooks Court  
Polk City, Florida 33868

**Ms. Freddie Wright**  
1215 S. Orange Avenue  
Bartow, Florida 33830-6522

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