

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90001 020 \*\*\*\*70.00

**DOCUMENT # 731106**

1. Entity Name

THE MUNICIPAL BOARD OF EXAMINERS, INC., OF  
POLK COUNTY



Principal Place of Business

735 E MAIN ST  
P.O. BOX 630  
BARTOW FL 33831  
US

Mailing Address

735 E. MAIN ST.  
PO BOX 630  
BARTOW FL 33831  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1565066

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOUBERLY, TRACY  
450 N. WILSON AVE.  
BARTOW FL 33831

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

*Tracy E. Douberly*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	MATISON, MICKEY	
STREET ADDRESS	1 BOBBY GREEN PLAZA	
CITY-STATE-ZIP	AUBURNDALE FL 33823	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACE, TIM	
STREET ADDRESS	120 POMELO ST	
CITY-STATE-ZIP	LAKE ALFRED FL 33850	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DOUBERLY, TRACY	
STREET ADDRESS	450 N. WILSON AVE.	
CITY-STATE-ZIP	BARTOW FL 33830	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANE, BOB	
STREET ADDRESS	155 POMELO ST	
CITY-STATE-ZIP	LAKE ALFRED FL 33850	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONALD R. TRUE	
STREET ADDRESS	450 N. WILSON	
CITY-STATE-ZIP	BARTOW FL	
TITLE	VC	<input type="checkbox"/> Delete
NAME	ALDRIDGE, RANDY	
STREET ADDRESS	551 3RD ST NW	
CITY-STATE-ZIP	WINTER HAVEN FL 33831	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Randy Aldridge	
STREET ADDRESS	P.O. BOX 2277	
CITY-STATE-ZIP	Winter Haven, FL 33883	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	VC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary Lanker	
STREET ADDRESS	P.O. Box 1320	
CITY-STATE-ZIP	Lk. Wales, FL 33859	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Tracy E. Douberly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #