2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State
02-12-2008 90018 012 ****70.00

DOCUMENT # 731106

1. Entity Name

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

Principal Place of Business	Mailing Address
735 E MAIN ST P.O. BOX 630 BARTOW FL 33831 US	735 E. MAIN ST. PO BOX 630 BARTOW FL 33831 US

1st MOORE CR2E037 (10/07)

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

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

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

7. Name and Address of New Registered Agent

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. Doubery
Signature, type or printed name, of registered agent and if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C MATISON, MICKEY 1 BOBBY GREEN PLAZA AUBURNDALE FL 33823	☐ Delete	Vice Chairman Wade Slater 20 Langford St. Fort Meade, FL 33841	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALLACE, TIM 120 POMELO ST LAKE ALFRED FL 33850	☐ Delete	D Mickey Matison 1 Bobby Green Plaza Auburndale, FL 33823	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST DOUBERLY, TRACY 450 N. WILSON AVE. BARTOW FL 33830	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANE, BOB 155 POMELO ST LAKE ALFRED FL 33850	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DONALD R. TRUE 450 N. WILSON BARTOW FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC ALDRIDGE, RANDY 551 3RD ST NW WINTER HAVEN FL 33831	☐ Delete	Chairman Randy Aldridge 551 3rd. ST. NW Winter Haven, Fl 33883	☐ Change ☐ Addition

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. Doubery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date