2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#731106

Address:

City-St-Zip:

551 3RD ST NW

WINTER HAVEN, FL 33831

FILED Jan 08, 2009 Secretary of State

Entity Name: THE MUNICIPAL BOARD OF EXAMINERS, INC., OF POLK COUNTY

Current Principal Place of Business: New Principal Place of Business: 735 E MAIN ST 735 E MAIN ST P.O. BOX 630 BARTOW, FL 33831 US BARTOW, FL 33831 US **New Mailing Address: Current Mailing Address:** 735 E. MAIN ST. 735 E. MAIN ST PO BOX 630 BARTOW, FL 33831 US BARTOW, FL 33831 US FEI Number: 59-1565066 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DOUBERLY, TRACY 450 N. WILSON AVE. BARTOW, FL 33831 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition SLATER, WADE SLATER, WADE Name: Name: 20 LANGFORD ST. Address: 20 LANGFORD ST. Address: FORT MEADE, FL 33841 FORT MEADE, FL 33841 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition MATISON, MICKEY Name: Name: Address: 1 BOOBY GREEN PLANZA Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: Title: () Delete Title: () Change () Addition DOUBERLY, TRACY Name: Name: 450 N. WILSON AVE. Address: Address: City-St-Zip: BARTOW, FL 33830 City-St-Zip: () Delete Title: Title: () Change () Addition Name: LANE, BOB Name: Address: 155 POMELO ST Address: City-St-Zip: LAKE ALFRED, FL 33850 City-St-Zip: Title: VC () Delete Title: (X) Change () Addition DONALD R. TRUE, DONALD R. TRUE, Name: Name: 450 N. WILSON 450 N. WILSON Address: Address: City-St-Zip: BARTOW, FL City-St-Zip: BARTOW, FL Title: () Delete Title: (X) Change () Addition ALDRIDGE, RANDY ALDRIDGE, RANDY Name: Name:

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.

Address:

City-St-Zip:

551 3RD ST NW

WINTER HAVEN, FL 33831

SIGNATURE: TRACY DOUBERLY ST 01/08/2009