

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731106

FILED
Jan 04, 2010
Secretary of State

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

Current Principal Place of Business:

735 E MAIN ST
BARTOW, FL 33831 US

New Principal Place of Business:

Current Mailing Address:

735 E. MAIN ST.
BARTOW, FL 33831 US

New Mailing Address:

P.O. BOX 630
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:

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

Name and Address of New Registered Agent:

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:

Title: C
Name: SLATER, WADE
Address: 20 LANGFORD ST.
City-St-Zip: FORT MEADE, FL 33841

Title: D
Name: MATISON, MICKEY
Address: 1 BOOBY GREEN PLANZA
City-St-Zip: AUBURNDALE, FL 33823

Title: ST
Name: DOUBERLY, TRACY
Address: 450 N. WILSON AVE.
City-St-Zip: BARTOW, FL 33830

Title: D
Name: LANE, BOB
Address: 155 POMELO ST
City-St-Zip: LAKE ALFRED, FL 33850

Title: VC
Name: DONALD R. TRUE
Address: 450 N. WILSON
City-St-Zip: BARTOW, FL

Title: D
Name: ALDRIDGE, RANDY
Address: 551 3RD ST NW
City-St-Zip: WINTER HAVEN, FL 33831

I hereby 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 all other like empowered.

SIGNATURE: TRACY DOUBERLY

OFFI

01/04/2010

Electronic Signature of Signing Officer or Director

Date