

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731106

FILED  
Feb 15, 2012  
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:**

P.O. BOX 630  
BARTOW, FL 33831 US

**New Mailing Address:**

**FEI Number:** 59-1565066

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SLATER, WADE  
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: VC  
Name: SLATER, WADE  
Address: 450 N. WILSON  
City-St-Zip: BARTOW, FL 33831

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

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

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

Title: C  
Name: NOLEN, BILL  
Address: P.O. BOX 1507  
City-St-Zip: HAINES CITY, FL 33845

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: DEBORAH BROADRICK

MN

02/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date