


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90138 025 ****61.25

| | | | | | |
|---|--|--|--|--|--|
| DOCUMENT # 732846 | | | |  | |
| 1. Entity Name LEARNING RESOURCE CENTER OF POLK COUNTY, INC. | | | | | |
| Principal Place of Business 904 S. MISSOURI AVENUE LAKELAND, FL 33803 | | | Mailing Address 904 S. MISSOURI AVENUE LAKELAND, FL 33803 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 51-0182646 | |
| Zip | | Country | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| CRAVEN, PAMELA 904 S. MISSOURI AVENUE LAKELAND, FL 33803 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City State: 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | D BARCLAY, JOYCE 2012 LAKE BENTLEY COURT LAKELAND, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AUTRY, HUGH 1324 LAKELAND HILLS BLVD LAKELAND, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PHILIPSON, LYLE 4130 S. FLORIDA AVE LAKELAND, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P THOMPSON, MARK 205 E. ORANGE ST. LAKELAND, FL 33802 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Pamela P. Craven | | | 3/9/2006 (863) 688-9477 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |

ATTACHMENT

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT
Learning Resource Center of Polk County, Inc. Board of Trustees

20017624
#732840

Title: T
Name: Boydston Bamberg, Caune
Address: 2020 Edgewood Drive, South
City-St-Zip: Lakeland, FL 33803

Title: VP
Name: Brock, Jon
Address: 815 South Missouri Ave.
City-St-Zip: Lakeland, FL 33815

Title: T
Name: Brock, Barbara
Address: 815 South Missouri Ave.
City-St-Zip: Lakeland, FL 33815

Title: T
Name: Brunson, Kim
Address: P O Box 32015
City-St-Zip: Lakeland, FL 33802

Title: VP
Name: Cantrall, Matthew
Address: 1829 Edgewood Drive, East
City-St-Zip: Lakeland, FL 33803

Title: T
Name: Chapman, Stephen T.
Address: 331 South Florida Ave., Suite 200
City-St-Zip: Lakeland, FL 33801

Title: D
Name: Engle, III, Walt
Address: P O Box 407
City-St-Zip: Lakeland, FL 33802

Title: T
Name: Gray, John G.
Address: 1315 North Florida Ave.
City-St-Zip: Lakeland, FL 33805

Title: D
Name: Kennedy, Cathy
Address: 1140 State Road 540 E
City-St-Zip: Lakeland, FL 33813

Title: D
Name: Kovach, Karen
Address: 2608 Coventry Ave.
City-St-Zip: Lakeland, FL 33803

Title: S
Name: Leftwich, Paula
Address: 111 Lake Hollingsworth Dr.,
Education Dept.
City-St-Zip: Lakeland, FL 33801

Title: D
Name: Lindsey, Jr., Lyonal B.
Address: 1401 South Florida Ave.
City-St-Zip: Lakeland, FL 33803

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT
Learning Resource Center of Polk County, Inc. Board of Trustees

ATTACHMENT
20017624
#732846

Title: T
Name: Rader, Kaytha
Address: 1430 Lakeland Hills Blvd.
City-St-Zip: Lakeland, FL 38805

Title: T
Name: Respass, Wash
Address: 901 South Florida Ave.
City-St-Zip: Lakeland, FL 33803

Title: T
Name: Sakagawa, Tamara
Address: 228 South Massachusetts Ave.
City-St-Zip: Lakeland, FL 33801

Title: T
Name: Sheppard, Danny
Address: 7401 Cypress Gardens Blvd.
City-St-Zip: Winter Haven, FL 33888

Title: T
Name: Watson, Tom
Address: P O Box 3
City-St-Zip: Lakeland, FL 33802-0003

Title: T - Treasurer
Name: Wheeler, Curt
Address: P O Box 2416
City-St-Zip: Lakeland, FL 33806

Title: T
Name: Wilkerson, Walker
Address: P O Box 1076
City-St-Zip: Lakeland, FL 33802-0003