


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90012 013 ****61.25

DOCUMENT # 732846		
1. Entity Name LEARNING RESOURCE CENTER OF POLK COUNTY, INC.		

40043938



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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03262007 Chg-NP CR2E037 (12/06)

4. FEI Number 51-0182646	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
CRAVEN, PAMELA 904 S. MISSOURI AVENUE LAKELAND, FL 33803	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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	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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PHILIPSON, LYLE 4130 S. FLORIDA AVE 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	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	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	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



3/26/2007 (863) 688-9477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40043938

732846

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Learning Resource Center of Polk County, Inc. Board of Trustees

Title: T - Trustee
Name: Autry, Hugh
Address: 1324 Lakeland Hills Blvd.
City-St-Zip: Lakeland, FL 33804-5448

Title: BR - Board Representative
Name: Barclay, Joyce
Address: 5001 State Road 540 W
City-St-Zip: Winter Haven, FL 33880

Title: BR -Board Representative
Name: Boydston Bamberg, Cauney
Address: 100 S. Kentucky Avenue, Suite 255
City-St-Zip: Lakeland, FL 33801

Title: VP - 1st Vice President
Name: Brock, Jon
Address: 815 South Missouri Ave.
City-St-Zip: Lakeland, FL 33815

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

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

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

Title: T - Trustee
Name: Carlson, Kristin
Address: 3520 Cleveland Heights Blvd., #124
City-St-Zip: Lakeland, FL 33803

ATTACHMENT

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2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT
Learning Resource Center of Polk County, Inc. Board of Trustees

732846

Title: T - Trustee
Name: Castro, Kristen
Address: 5015 South Florida Avenue, Suite 101
City-St-Zip: Lakeland, FL 33813

Title: TR - Treasurer
Name: Chapman, Stephen T.
Address: 3725 North Frontage Road
City-St-Zip: Lakeland, FL 33810

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

Title: T - Trustee
Name: Goodman, Ph.D., Marshall
Address: 3433 Winter Lake Road
City-St-Zip: Lakeland, FL 33803

Title: T - Trustee
Name: Gospodinova, Krista
Address: 1543 US Hwy 98 South, Suite 202
City-St-Zip: Lakeland, FL 33801

Title: BR - Board Representative
Name: Kennedy, Cathy
Address: 1140 State Road 540 A
City-St-Zip: Lakeland, FL 33813

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

Title: S - Secretary
Name: Leftwich, Paula
Address: 111 Lake Hollingsworth Drive
Education Department
City-St-Zip: Lakeland, FL 33801

ATTACHMENT

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

40043938

Title: T - Trustee
Name: Menefee, Ken
Address: P O Box 95448
City-St-Zip: Lakeland, FL 33804

Title: T - Trustee
Name: Philipson, Lyle
Address: 4130 South Florida Ave.
City-St-Zip: Lakeland, FL 33813

Title: T - Trustee
Name: Rader, Kaytha
Address: 1430 Lakeland Hills Blvd.
City-St-Zip: Lakeland, FL 33805

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

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

Title: T - Trustee
Name: Sharp, Phyllis
Address: 500 South Florida Avenue, # 340
City-St-Zip: Lakeland, FL 33801

Title: Y - Youth Trustee
Name: Snodgrass, Austen
Address: 577 Peninsular Drive
City-St-Zip: Lakeland, FL 33813

Title: BR - Immediate Past President
Name: Thompson, Mark
Address: 500 South Florida Ave., Ste 100
City-St-Zip: Lakeland, FL 33801

ATTACHMENT

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

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

Title: VP - 2nd Vice President
Name: Wheeler, Curt
Address: P O Box 2416
City-St-Zip: Lakeland, FL 33806

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

Title: T - Trustee
Name: Wright, Debra L.
Address: P O Box 91540
City-St-Zip: Lakeland, FL 33805