

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732846

FILED
Feb 04, 2009
Secretary of State

Entity Name: LEARNING RESOURCE CENTER OF POLK COUNTY, INC.

Current Principal Place of Business:

1628 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

1628 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803

New Mailing Address:

FEI Number: 51-0182646

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAVEN, PAMELA
904 S. MISSOURI AVENUE
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

CRAVEN, PAMELA
1628 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803 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: _____

02/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BARCLAY, JOYCE
Address: 2012 LAKE BENTLEY COURT
City-St-Zip: LAKELAND, FL

Title: T () Delete
Name: WATSON, TOM
Address: 1400 CRASSIANDS BLVD #16
City-St-Zip: LAKELAND, FL 33803

Title: P () Delete
Name: BROCK, JON
Address: 1244 LAKE POINT DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: P () Delete
Name: THOMPSON, MARK
Address: 205 E. ORANGE ST.
City-St-Zip: LAKELAND, FL 33802

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WHEELER, CURT
Address: P.O. BOX 2245
City-St-Zip: LAKELAND, FL 33806-224

Title: 1VP (X) Change () Addition
Name: CHAPMAN, STEPHEN
Address: 126 ELM SQUARE SOUTH
City-St-Zip: LAKELAND, FL 33813

Title: 2VP (X) Change () Addition
Name: WATSON, TOM
Address: 1400 GRASSLANDS BLVD. #16
City-St-Zip: LAKELAND, FL 33803

Title: T (X) Change () Addition
Name: MENEFEE, KEN
Address: 7104 LAKE EAGLEBROOK WAY
City-St-Zip: LAKELAND, FL 33813

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.

SIGNATURE: PAMELA CRAVEN

DIR

02/04/2009

Electronic Signature of Signing Officer or Director

Date

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT
Learning Resource Center of Polk County, Inc. Board of Trustees

Title: D - Director
Name: Mike Stedem
Address: 3200 Hwy. 17, N.
City-St-Zip: Fort Meade, FL 33841

Title: D - Director
Name: Nat West
Address: 200 Avenue F, N.E.
City-St-Zip: Winter Haven, FL 33881

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

Title: D - Director
Name: Terry Worthington
Address: P O Box 1357
City-St-Zip: Highland City, FL 33846