## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#732846** 

FILED Jan 04, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1628 SOUTH FLORIDA AVENUE LAKELAND, FL 33803

Current Mailing Address: New Mailing Address:

1628 SOUTH FLORIDA AVENUE LAKELAND, FL 33803

FEI Number: 51-0182646 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Γitle: I

Name: WATSON, TOM

Address: 1400 GRASSLANDS BLVD. #16 City-St-Zip: LAKELAND, FL 33803

Title: 1VP

Name: FOLSOM, MICHAEL

Address: 4839 HIGHLANDS PLACE DRIVE

City-St-Zip: LAKELAND, FL 33813

Title: 2VP

Name: CARTER, MICHAEL
Address: 983 HANOVER WAY
City-St-Zip: LAKELAND, FL 33813

Title:

Name: BUNCE, YVONNE

Address: 5607 EMERALD RIDGE BLVD City-St-Zip: LAKELAND, FL 33813

Title:

 Name:
 GOSPODINOVA, KRISTA

 Address:
 502 DON EL STREET

 City-St-Zip:
 LAKELAND, FL 33813

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: PAMELA CRAVEN DIR 01/04/2011