## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 26, 2007 8:00 am Secretary of State

DOCL	MENT # 7376	68			HEDD	]	03-26-2007	90067 021 ***	*70.00
DOCUMENT # 737668  1. Entity Name POLK COMMUNITY COLLEGE FOUNDATION, INC.									
999 AVENUE H, NE 999 A			Mailing Address 999 AVENUE H, NE WINTER HAVEN, FL 33881-4299 US			40	041406		
Principal Place of Business - No P.O. Box # 3. Mailing Address				<del></del>					
Suite, Apt. #, etc. Sui			Suite, Apt. #, etc.				II 19879 6346 EIIGI 1611		
							Chg-NP	CR2E037 (12/0	
City & State			City & State		4. FEI Number 59-18192	13	-	Applied For Not Applicable	
Zip	Country Z		Zip Cou			5. Certificate of Status Desired  \$8.75 Addit Fee Required		Additional	
	6. Name and Address	of Current Registere	d Agent		7. Name and Address of New Registered Agent				
HOLDEN, EILEEN					Name				
999 AVE H NE WINTER HAVEN, FL 33881				Stree	Street Address (P.O. Box Number is Not Acceptable)				
WHATEICTIAVEN, TE 33001									
				City	FL Zip Code				
	named entity submits this sions of registered agent.	statement for the purpo	se of changing its	registered office	or registe	red agent, or both,	in the State of Flo	orida. I am familiar w	ith, and accept
SIGNATURE .	Signature, typed or printed name of r	egistered agent and title if appl	icable. (NOTE	: Registered Agent sk	anature require	d when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.						
10.	Due by may 1, 200.					\$5.00 May Be		ake check payabl	
<del></del>	OFFICE			Contribution.		Added to Fees	Flor	ida Department o	State
TITLE	OFFICE D	RS AND DIRECTORS				Added to Fees	Flor		S IN 10
NAME	D HOLDEN, EILEEN		Trust Fund C	11, IIILE NAME		Added to Fees	Flor	ida Department o	S IN 10
	D	RS AND DIRECTORS	Trust Fund C	11.		Added to Fees	Flor	ida Department o	S IN 10
NAME STREET ADDRESS	D HOLDEN, EILEEN 999 AVE H NE	RS AND DIRECTORS	Trust Fund C	11. TITLE NAME STREET ADDRES		Added to Fees	Flor	ida Department o	f State S IN 10 ge ☐ Addilion
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NAME
STREET ADDRESS
CITY-ST-ZIP

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 it 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 ad ""-ther like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-62.07

Daytime Phone #