

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737668

FILED
Feb 06, 2009
Secretary of State

Entity Name: POLK COMMUNITY COLLEGE FOUNDATION, INC.

Current Principal Place of Business:

999 AVENUE H, NE
WINTER HAVEN, FL 338814299 US

New Principal Place of Business:

999 AVENUE H NE
WINTER HAVEN, FL 338814299 US

Current Mailing Address:

999 AVENUE H, NE
WINTER HAVEN, FL 338814299 US

New Mailing Address:

999 AVENUE H NE
WINTER HAVEN, FL 338814299 US

FEI Number: 59-1819213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOLDEN, EILEEN
999 AVE H NE
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: HOLDEN, EILEEN
Address: 999 AVE H NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: FIELDS, GOW
Address: 229 N FLORIDA AVE
City-St-Zip: LAKELAND, FL 33801

Title: C () Delete
Name: ADAMS, BEN JR
Address: 621 SNIVELY AVE
City-St-Zip: WINTER HAVEN, FL 33880

Title: VC () Delete
Name: TURNER, MARK
Address: 255 MAGNOLIA AVE. SW
City-St-Zip: WINTER HAVEN, FL 33883

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VC (X) Change () Addition
Name: PRICE, CINDY
Address: PO BOX 271
City-St-Zip: WINTER HAVEN, FL 33882

Title: D (X) Change () Addition
Name: ADAMS, BEN JR
Address: PO BOX 1318
City-St-Zip: LAKE WALES, FL 33859

Title: C (X) Change () Addition
Name: TURNER, MARK
Address: 255 MAGNOLIA AVE SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Change (X) Addition
Name: LINDA, PILKINGTON
Address: 40100 US HIGHWAY 27
City-St-Zip: DAVENPORT, FL 33837

Title: D () Change (X) Addition
Name: MERVIS, LORETTA
Address: 595 CYPRESS GARDENS BLVD
City-St-Zip: WINTER HAVEN, FL 33880

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: EILEEN HOLDEN

D

02/06/2009

Electronic Signature of Signing Officer or Director

Date