


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90016 021 ****70.00

DOCUMENT # 748579
 1. Entity Name
POLK COUNTY OPPORTUNITY COUNCIL, INC.



Principal Place of Business
**450 W MAIN ST
 BARTOW, FL 33830-4939 US**

Mailing Address
**PO BOX 160
 BARTOW, FL 33831-0160 US**

40005080



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01082007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
59-1965164

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**HARTFIELD, GARY T
 1403 4TH ST SW
 LARGO, FL 33770**

7. Name and Address of New Registered Agent
 Name
Ms. Lela Harvey-Wooten
 Street Address (P.O. Box Number is Not Acceptable)
4040 Radford Road
 City
Bartow FL Zip Code 33830

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 *Lela Harvey-Wooten*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Lela Harvey-Wooten, Interim Executive Director

**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

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	CHESTANG, MORRIS	
STREET ADDRESS	1346 W 9TH ST	
CITY - ST - ZIP	LAKELAND, FL 33805	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, KEVIN	
STREET ADDRESS	7205 S GEORGE BLVD	
CITY - ST - ZIP	SEBRING, FL 33871	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GRAHAM, BENJAMIN	
STREET ADDRESS	1008 AVE M	
CITY - ST - ZIP	HAINES CITY, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, COLLINS	
STREET ADDRESS	601 NW 2ND ST	
CITY - ST - ZIP	MULBERRY, FL 33860	
TITLE	P	<input type="checkbox"/> Delete
NAME	KIRBY, JESSIE	
STREET ADDRESS	4350 BRIERWOOD CIR	
CITY - ST - ZIP	AUBURNDALE, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ozell Wilson	
STREET ADDRESS	1765 Banks Road	
CITY - ST - ZIP	Lake Wales, FL 33853	
TITLE	Vice Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Benjamin Graham	
STREET ADDRESS	1008 Avenue M	
CITY - ST - ZIP	Haines City, FL 33844	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dennis Goosby	
STREET ADDRESS	1330 Fairbanks	
CITY - ST - ZIP	Lakeland, FL 33805	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Lela Harvey-Wooten* (863) 533-0015
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

Lela Harvey-Wooten, Interim Executive Director