## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 748579**

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

LAKELAND, FL 33805

MULBERRY, FL 33860

4350 BRIERWOOD CIR

SMITH, COLLINS

601 NW 2ND ST

KIRBY, JESSIE

AUBURNDALE, FL

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FILED Apr 18, 2008 Secretary of State

Entity Name: POLK COUNTY OPPORTUNITY COUNCIL, INC.

**Current Principal Place of Business: New Principal Place of Business:** 450 W MAIN ST BARTOW, FL 338304939 US **Current Mailing Address: New Mailing Address:** PO BOX 160 PO BOX 1761 BARTOW, FL 338310160 US BARTOW, FL 33831 US FEI Number: 59-1965164 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: HARVEY-WOOTEN, LELA GOOSBY, DENNIS 4040 RADFORD RD 1330 FAIRBANKS BARTOW, FL 33830 LAKELAND, FL 33805 US 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: DENNIS GOOSBY 04/18/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete WILSON, OZELL GRAHAM, BENJAMIN Name: Name: 1765 BANKS RD Address: 1008 AVE M Address: City-St-Zip: LAKE WALES, FL 33853 City-St-Zip: HAINES CITY, FL 33844 Title: VC () Delete Title: VC (X) Change ( ) Addition Name: GRAHAM, BENJAMIN Name: GOOSBY, DENNIS Address: 1008 AVE M Address: 1330 FAIRBANKS City-St-Zip: HAINES CITY, FL 33844 City-St-Zip: LAKELAND, FL 33805 Title: () Delete Title: () Change () Addition GOOSBY, DENNIS Name: Name: 1330 FAIRBANKS Address: Address:

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.

City-St-Zip:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: DENNIS GOOSBY VC 04/18/2008

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