

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2009
Secretary of State**

DOCUMENT# 748579

Entity Name: POLK COUNTY OPPORTUNITY COUNCIL, INC.

Current Principal Place of Business:

450 W MAIN ST
BARTOW, FL 338304939 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1761
BARTOW, FL 33831 US

New Mailing Address:

FEI Number: 59-1965164 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOOSBY, DENNIS
1330 FAIRBANKS
LAKELAND, FL 33805 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: C () Delete
Name: GRAHAM, BENJAMIN
Address: 1008 AVE M
City-St-Zip: HAINES CITY, FL 33844

Title: VC () Delete
Name: GOOSBY, DENNIS
Address: 1330 FAIRBANKS
City-St-Zip: LAKELAND, FL 33805

Title: T () Delete
Name: GOOSBY, DENNIS
Address: 1330 FAIRBANKS
City-St-Zip: LAKELAND, FL 33805

Title: S () Delete
Name: SMITH, COLLINS
Address: 601 NW 2ND ST
City-St-Zip: MULBERRY, FL 33860

Title: P () Delete
Name: KIRBY, JESSIE
Address: 4350 BRIERWOOD CIR
City-St-Zip: AUBURNDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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

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

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: DENNIS GOOSBY

T

04/28/2009

Electronic Signature of Signing Officer or Director

Date