

FILED
May 04, 2005 8:00 am
Secretary of State


05-04-2005 90151 032 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

20057769



04282005 Chg-NP CR2E037 (10/03)

DOCUMENT # 760217					
1. Entity Name PRIDE PARTNERSHIP OF POLK COUNTY, INC.					
Principal Place of Business 610 AVE P SW WINTER HAVEN, FL 33880 US			Mailing Address P.O. BOX 2118 WINTER HAVEN, FL 33883-2118 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2146070	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASEY, ALLAN L 395 AVE. C, N.W. WINTER HAVEN, FL 33881			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HORTON, ANGIE		NAME		
STREET ADDRESS	539 E. CENTRAL AVE.		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33880		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORTON, SCOT		NAME		
STREET ADDRESS	1395 W. POLK ST.		STREET ADDRESS		
CITY-ST-ZIP	BARTOW, FL 33830		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SASSO, BARBARA		NAME		
STREET ADDRESS	113 MIRROR LN. NW		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASEY, ALLAN		NAME		
STREET ADDRESS	395 AVE 'C' NW		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 338837146		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARIANI, MARY MAJ.		NAME	Phillips, Julie	
STREET ADDRESS	WINTER HAVEN POLICE DEPT.		STREET ADDRESS	1805 Wood Pt. Dr.	
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BISH, NORETA		NAME	Angie Hollowell	
STREET ADDRESS	611 POST AVE. SW		STREET ADDRESS	320 4th St. N.W.	
CITY-ST-ZIP	WINTER HAVEN, FL 33880		CITY-ST-ZIP	Winter Haven, FL 33880	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Liz Hargis</i>			4/28/05 863-294-1853		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Liz Hargis Director			Date: Daytime Phone #		