

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760217

FILED
Jan 06, 2006
Secretary of State

Entity Name: PRIDE PARTNERSHIP OF POLK COUNTY, INC.

Current Principal Place of Business:

610 AVE P SW
WINTER HAVEN, FL 33880 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2118
WINTER HAVEN, FL 338832118 US

New Mailing Address:

FEI Number: 59-2146070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASEY, ALLAN L
395 AVE. C, N.W.
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: P () Delete
Name: HORTON, ANGIE
Address: 539 E. CENTRAL AVE.
City-St-Zip: WINTER HAVEN, FL 33880

Title: VP (X) Delete
Name: NORTON, SCOT
Address: 1395 W. POLK ST.
City-St-Zip: BARTOW, FL 33830

Title: S () Delete
Name: SASSO, BARBARA
Address: 113 MIRROR LN. NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: TD () Delete
Name: CASEY, ALLAN
Address: 395 AVE 'C' NW
City-St-Zip: WINTER HAVEN, FL 338837146

Title: D () Delete
Name: PHILLIPS, JULIE
Address: 1805 WOOD PT. DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: HOLLOWELL, ANGIE
Address: 320 4TH ST. NW
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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 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: LIZ HARGIS

DIR

01/06/2006

Electronic Signature of Signing Officer or Director

Date