

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760217

FILED  
Jan 07, 2008  
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: PRES ( ) Delete  
Name: THOMAS, JIM  
Address: 200 AVE. F, NE  
City-St-Zip: WINTER HAVEN, FL 33880

Title: SEC ( ) Delete  
Name: GASS, CINDY  
Address: 611 POST AVE. SW  
City-St-Zip: WINTER HAVEN, FL 33880

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

Title: V PR ( ) Delete  
Name: DONAHUE, SUSAN  
Address: P O BOX 65  
City-St-Zip: ALTURAS, FL 33820

Title: 2VP ( ) Delete  
Name: FOTIADES, VALLA  
Address: 611 POST AVE. SW  
City-St-Zip: WINTER HAVEN, FL 33880

Title: TR ( ) Delete  
Name: WAGNER, MATINA  
Address: 243 LOMA BONITA DR.  
City-St-Zip: DAVENPORT, FL 33837

**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  
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: LIZ HARGIS

DIR

01/07/2008

Electronic Signature of Signing Officer or Director

Date