2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# 760217

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:

611 AVE P SW
WINTER HAVEN, FL 33880 US

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:	V PR	(X) Change ( ) Addition
Name:	MONTAGUE, MILTON	
Address:	24 JIMMY LEE RD.	
City-St-Zip:	WINTER HAVEN, FL 33880	
Title:	ED	(X) Change ( ) Addition
Name:	HARGIS, LIZ	
Address:	706 AVE. F, SE	
City-St-Zip:	WINTER HAVEN, FL 33880	
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 ED 03/23/2009

Electronic Signature of Signing Officer or Director — Date