2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#760217

FILED Jan 04, 2010 Secretary of State

Entity Name: PRIDE PARTNERSHIP OF POLK COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

611 AVE P SW 611 AVE. P SW

WINTER HAVEN, FL 33880 US WINTER HAVEN, FL 33880 US

Current Mailing Address: New Mailing Address:

P.O. BOX 2118

WINTER HAVEN, FL 338832118 US

FEI Number: 59-2146070 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CASEY, ALLAN L 395 AVE. C, N.W.

WINTER HAVEN, FL 33881 US

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.

III the State of Florid

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: THOMAS, JIM
Address: 200 AVE. F, NE

City-St-Zip: WINTER HAVEN, FL 33880

Title: SEC

 Name:
 GASS, CINDY

 Address:
 611 POST AVE. SW

 City-St-Zip:
 WINTER HAVEN, FL 33880

Title: RA

Name: CASEY, ALLAN Address: 395 AVE 'C' NW

City-St-Zip: WINTER HAVEN, FL 338837146

Title: V PR

 Name:
 MONTAGUE, MILTON

 Address:
 24 JIMMY LEE RD.

 City-St-Zip:
 WINTER HAVEN, FL 33880

Title: ED

Name: HARGIS, LIZ Address: 706 AVE. F, SE

City-St-Zip: WINTER HAVEN, FL 33880

Title: TR

Name: WAGNER, MATINA
Address: 243 LOMA BONITA DR.
City-St-Zip: DAVENPORT, FL 33837

I hereby 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 all other like empowered.

SIGNATURE: LIZ HARGIS ED 01/04/2010