2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2012
Secretary of State

DOCUMENT# 760217

Entity Name: PRIDE PARTNERSHIP OF POLK COUNTY, INC.

Current Principal Place of Business:

611 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
Name: HORTON, ANGIE
Address: 539 E. CENTRAL AVE.
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 DIRE 02/04/2012

Electronic Signature of Signing Officer or Director Date