2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006
Secretary of State

DOCUMENT# 768099

Entity Name: IMPERIAL POLK GENEALOGICAL SOCIETY, INC.

Current Principal Place of Business:

P.O.BOX 10
KATHLEEN, FL 33849

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 10
KATHLEEN, FL 33849

New Mailing Address:

FEI Number: 59-2890045 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIDSON, ALVIE L.
4825 N. GALLOWAY RD.
LAKELAND, FL 33810 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: PD ( ) Delete
Name: LUTHER, GEORGE
Address: 2027 SPYGLASS COURT
City-St-Zip: LAKELAND, FL 33810

Title: VPD ( ) Delete
Name: DAVIS, KEN
Address: 563 PETREL CIRCLE
City-St-Zip: LAKELAND, FL 33809

Title: SD ( ) Delete
Name: GAIL S. HUTCHINSON,
Address: 150 E HAINES
City-St-Zip: LAKE ALFRED, FL 33850

Title: TD ( ) Delete
Name: BODE, JOYCE L
Address: 4806 COLONNADES CIRCLE E
City-St-Zip: LAKELAND, FL 33811

Title: TD ( ) Delete
Name: WEWE, DOROTHY
Address: 5410 HARBOR DR E
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PPD (X) Change ( ) Addition
Name: LUTHER, GEORGE
Address: 2027 SPYGLASS COURT
City-St-Zip: LAKELAND, FL 33810

Title: PD (X) Change ( ) Addition
Name: DAVIS, KEN
Address: 563 PETREL CIRCLE
City-St-Zip: LAKELAND, FL 33809

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 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: JOYCE L. BODE TD 03/06/2006
Electronic Signature of Signing Officer or Director — Date