

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

<b>NONPROFIT CORPORATION ANNUAL REPORT</b> <b>1995/1996</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 768367 (5)**

1. Corporation Name

**POLK SCHOOL BASED ADMINISTRATORS ASSOCIATION, INC.**

61.25

Principal Place of Business

Mailing Address

**P.O. BOX 92**  
**WINTER HAVEN FL 33882-7092**

**P.O. BOX 92**  
**WINTER HAVEN FL 33882-7092**

**George Jenkins High School**  
**6000 Lakeland Highlands Rd.**  
**Lakeland, FL 33813**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/10/1983</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-2361462</b>	Applied For <input type="checkbox"/> Not Applicable

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
<b>21</b> <b>22</b> <b>23</b> <b>24</b>	<b>2a</b> <b>26</b> <b>27</b> <b>28</b> <b>29</b> <b>30</b>
<b>George Jenkins High School</b> <b>6000 Lakeland Highlands Rd.</b> <b>Lakeland, FL 33813</b>	<b>George Jenkins High School</b> <b>6000 Lakeland Highlands Rd.</b> <b>Lakeland, FL 33813</b> <b>Polk</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MARTIN, GAY H**  
**132 WOOD HALL DR.**  
**MULBERRY FL 33860**

**Finch, Carolyn**  
**1810 W Parker St.**  
**Lakeland, FL 33801**

10. Name and Address of New Registered Agent

**81 Name**  
**Jose Farinas**

**82 Street Address (P.O. Box Number is Not Acceptable)**  
**6000 Lakeland Highlands Rd.**

**83 City**  
**Lakeland**

**84 State**  
**FL**

**85 Zip Code**  
**33813**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Carolyn M. Finch (NOTE: Registered Agent signature required when reinstating.) 8/4/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PC
NAME	GILCHRIST, RALPH	1.2 NAME	David F. Laur
STREET ADDRESS	LAKE GIBSON SR HIGH	1.3 STREET ADDRESS	6000 Lakeland Highlands Rd.
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Lakeland, FL 33813
TITLE	PED	2.1 TITLE	
NAME	DAIGNEAULT, HELENE	2.2 NAME	
STREET ADDRESS	PADGETT ELEMENTARY	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	TD
NAME	MARTIN, GAY	3.2 NAME	Jose Farinas
STREET ADDRESS	PADGETT ELEMENTARY	3.3 STREET ADDRESS	6000 Lakeland Highlands Rd.
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	Lakeland, FL 33813
TITLE	SD	4.1 TITLE	Rebecca Woods
NAME	BODENHEIMER, RUTH	4.2 NAME	225 South 22nd St.
STREET ADDRESS	GIBBONS STREET ELEMENTARY	4.3 STREET ADDRESS	Haines City, FL 33844
CITY-ST-ZIP	BARTON FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	000001927840
NAME		6.2 NAME	-08/21/96--01012--038
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carolyn M. Finch 8/4/96 (941) 499-2815

CR2E037 (3/95)