

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003483

Entity Name: POLK AREA COMMUNITY RADIO, INC.

FILED
Jan 08, 2004
Secretary of State

Current Principal Place of Business:

219 GREEN MEADOWS DR.
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

219 GREEN MEADOWS DR.
WINTER HAVEN, FL 33884

New Mailing Address:

FEI Number: 03-2385654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONSALVES, FRANK
219 GREEN MEADOWS DR.
WINTER HAVEN, FL 33884

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: GONSALVES, FRANK
Address: 219 GREEN MEADOW DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: VPTD () Delete
Name: GONSALVES, DIANNE
Address: 219 GREEN MEADOW DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: ID () Delete
Name: SENCLESKI, MICHAEL
Address: 464 FLAMINGO DR
City-St-Zip: APOLLO BEACH, FL 33572

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ID (X) Change () Addition
Name: SENKELESKI, MICHAEL
Address: 158 SWEET CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FRANK GOSALVES

PD

01/08/2004

Electronic Signature of Signing Officer or Director

Date