

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004763

1. Entity Name

POLK CITY COMMUNITY OUTREACH PROGRAM CORP.

Principal Place of Business

424 SMITH ROAD  
POLK CITY FL 33868

Mailing Address

505 CALLA PLACE  
POLK CITY FL 33868

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1048781

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGILL, CALPURITA L  
505 CALLA PLACE  
POLK CITY FL 33868

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD MCGILL, CALPURITA L	<input type="checkbox"/> Delete
STREET ADDRESS	505 CALLA PLACE	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE NAME	SD DYSON, LUCRETIA J	<input type="checkbox"/> Delete
STREET ADDRESS	804 WEST 7TH STREET, #13	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE NAME	TD GASKINS, NORMAN F	<input type="checkbox"/> Delete
STREET ADDRESS	1125 BRIDGES ROAD	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE NAME	D BARNUM, ROOSEVELT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	320 W CARVER ST	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. Calpurita McGill 4-15-02 8639841615  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Apr 29, 2002 8:00 am  
Secretary of State

04-29-2002 90008 047 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)