


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

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
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02102004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1048781	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MCGILL, CALPURITA L 505 CALLA PLACE POLK CITY, FL 33868	<b>DO NOT WRITE IN THIS SPACE</b>
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. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE <i>Calpurita McGill</i>	DATE <i>3-13-04</i>
<small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000105759 04/07/04-80038-013 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCGILL, CALPURITA L 505 CALLA PLACE POLK CITY, FL 33868
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DYSON, LUCRETIA J 804 WEST 7TH STREET, #13 LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DAWKINS, JAMES 524 CALLA COURT POLK CITY, FL 33868
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARNUM, ROOSEVELT 320 W CARVER ST LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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: <i>Calpurita McGill</i> <i>3-10-04</i> <i>863-984-1015</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>