2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# N00000004763

Entity Name: POLK CITY COMMUNITY OUTREACH PROGRAM CORP.

Current Principal Place of Business:

424 SMITH ROAD
POLK CITY, FL 33868

New Principal Place of Business:

Current Mailing Address:

505 CALLA PLACE
POLK CITY, FL 33868

New Mailing Address:

FEI Number: 65-1048781 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCGILL, CALPURTIA L
505 CALLA PLACE
POLK CITY, FL 33868 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:	MCGILL, CALPURITA L	
Address:	505 CALLA PLACE	
City-St-Zip:	POLK CITY, FL 33868	
Title:	SD	( ) Delete
Name:	DYSON, LUCRETIA J	
Address:	804 WEST 7TH STREET, #13	
City-St-Zip:	LAKELAND, FL 33805	
Title:	TD	( ) Delete
Name:	DAWKINS, JAMES	
Address:	524 CALLA COURT	
City-St-Zip:	POLK CITY, FL 33868	
Title:	D	( ) Delete
Name:	BARNUM, ROOSEVELT	
Address:	320 W CARVER ST	
City-St-Zip:	LAKELAND, FL 33805	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: CALPURTIA MCGILL PD 04/28/2006

Electronic Signature of Signing Officer or Director — Date