

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000004763

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**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, CALPURITIA 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  
**Name:** MCGILL, CALPURITA L  
**Address:** 505 CALLA PLACE  
**City-St-Zip:** POLK CITY, FL 33868

**Title:** SD  
**Name:** DYSON, LUCRETIA J  
**Address:** 804 WEST 7TH STREET, #13  
**City-St-Zip:** LAKELAND, FL 33805

**Title:** TD  
**Name:** DAWKINS, JAMES  
**Address:** 524 CALLA COURT  
**City-St-Zip:** POLK CITY, FL 33868

I hereby 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 all other like empowered.

**SIGNATURE:** CALPURITIA MCGILL

PD

04/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date