2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 17, 2005 8:00 am Secretary of State 08-17-2005 90001 009 ****61.25

DOCUMENT # N0100001008 1. Entity Name POLK ECUMENICAL ACTION COUNCIL FOR EMPOWERMENT, INC.					
Principal Place of Business 704 BRUNNELL PKWY N LAKELAND, FL 33815	Mailing Address PO BOX 1928 LAKELAND, FL 33802-1928				
2. Principal Place of Business	3. Mailing Address				

					300	W. 3.5.					
704 BRUNNE	cipal Place of Business Maiting Address BRUNNELL PKWY N PO BOX 1928 ELAND, FL 33815 LAKELAND, FL 33802-1928			1928			61 118 21 111 31 141 31 7	31 FEIRI MA RI ()061 	1181 81 (84)	
Principal Place of Business 3. Mailing Address											
Suite, Apt. #, etc. Sui			Suite, A	ite, Apt. #, etc.			05092005 Chg-N	NP C	R2E037	(10/03)	
City & State			City & S	ity & State			4. FEI Number 59-3461155				plied For t Applicable
Zip		Country	Žip				5. Certificate of Status Desired S8.75 Additional Fee Required				
	u. Name a	and Address of Current R	egistered Ag	ent			7. Name and Address	s of New Regis	stered Age	ent	
COOPER, LAURA						Name Street Address (P.O. Box Number is Not Acceptable)					
5					City			· · · · · · · · · · · · · · · · · · ·	FL	Zip Code	e
8. The above the obligat	named entity tions of registe	submits this statement for t red agent.	the purpose o	of changing its re	egistered office o	or register	ed agent, or both, in the	State of Florida	a. Iam fan	niliar with,	and accept
SIGNATURE											
Di	_	e is \$61.25 tember 7, 2005	9	Lection Camp	paign Financing		\$5.00 May Be Added to Fees			payable to	
				TOSET OND OC	onthoution.		Added to Fees	Florida	Departin	icin or or	440
10.		OFFICERS AND DIRE	CTORS		11.		Added to Fees ADDITIONS/CHANGES T	· · · · · · · · · · · · · · · · · · ·			. 17 1 1 AV
10.	ED	·			_		<u></u>	· · · · · · · · · · · · · · · · · · ·	AND DIRE	CTORS IN	10
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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: _	Vm P	Virginia	Lyna	Director	8-16-05	863-8757
	SIGNATURE AND TYPED OR PRINTED NAME	OF SIGNING OFFICER OR DIRECT	OR T	Dat	ė	Daytme Phone #