

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001008

FILED
Apr 28, 2010
Secretary of State

Entity Name: POLK ECUMENICAL ACTION COUNCIL FOR EMPOWERMENT, INC.

Current Principal Place of Business:

704 BRUNNELL PKWY N
LAKELAND, FL 33815

New Principal Place of Business:

Current Mailing Address:

PO BOX 1928
LAKELAND, FL 338021928

New Mailing Address:

FEI Number: 59-3461155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, SYLUS
704 BRUNNELL PKWY NORTH
LAKELAND, FL 33815 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: ED
Name: GREEN, SYLUS
Address: 661 AVE J NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: T
Name: MOSES, ROBERT
Address: 145 EAST EDGEWOOD DRIVE
City-St-Zip: LAKELAND, FL 33803

Title: S
Name: DOLLISON, CLIFTON
Address: P.O. BOX 3624, 700 AVE R NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: CPT
Name: MITCHELL, ROBERT
Address: P.O. BOX 1285
City-St-Zip: HAINES CITY, FL 33845

Title: S
Name: COOLEY, JEAN
Address: 730 S. FLORIDA AVENUE
City-St-Zip: LAKELAND, FL 33801

Title: CPT
Name: EARL, BROWN
Address: 417 N. MASSACHUSETTS AVE.
City-St-Zip: LAKELAND, FL 33801

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: SYLUS GREEN

ED

04/28/2010

Electronic Signature of Signing Officer or Director

Date