

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005068

FILED
Mar 20, 2006
Secretary of State

Entity Name: POLK ARTS ALLIANCE, INC.

Current Principal Place of Business:

800 EAST PALMETTO STREET
LAKELAND, FL 338015529

New Principal Place of Business:

690 E. DAVIDSON STREET
BARTOW, FL 33830

Current Mailing Address:

800 EAST PALMETTO STREET
LAKELAND, FL 338015529

New Mailing Address:

690 E. DAVIDSON STREET
BARTOW, FL 33830

FEI Number: 30-0264417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, KERRY
P.O. DRAWER 7608
WINTER HAVEN, FL 33883 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: DP () Delete
Name: BENTLEY, SUE
Address: 3 CASA LOMA
City-St-Zip: LAKELAND, FL 33813

Title: DVP () Delete
Name: STATOM, GABE
Address: 1006 CAMPBELL AVENUE
City-St-Zip: LAKE WALES, FL 33853

Title: DS () Delete
Name: BARGER, JUDY
Address: 800 EAST PALMETTO STREET
City-St-Zip: LAKELAND, FL 338015529

Title: DT () Delete
Name: DICKINSON, WILLIAM E
Address: 805 CAMBRIDGE WAY
City-St-Zip: LAKE WALES, FL 33853

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: STATOM, GABRIEL D
Address: 690 E. DAVIDSON STREET
City-St-Zip: BARTOW, FL 33830

Title: DVP (X) Change () Addition
Name: SMALL, DOUG
Address: 690 E. DAVIDSON STREET
City-St-Zip: BARTOW, FL 33830

Title: DS (X) Change () Addition
Name: BARGER, JUDY
Address: 690 E. DAVIDSON STREET
City-St-Zip: BARTOW, FL 33830

Title: DT (X) Change () Addition
Name: DICKINSON, WILLIAM E
Address: 690 E. DAVIDSON STREET
City-St-Zip: BARTOW, FL 33853

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: JUDY BARGER

DS

03/20/2006

Electronic Signature of Signing Officer or Director

Date