

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90030 039 ****70.00

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03142007 Chg-NP CR2E037 (12/06)

DOCUMENT # N03000005068 1. Entity Name POLK ARTS ALLIANCE, INC.					
Principal Place of Business 690 E. DAVIDSON STREET BARTOW, FL 33830			Mailing Address 690 E. DAVIDSON STREET BARTOW, FL 33830		
2. Principal Place of Business - No P.O. Box # 1350 E. Main St.		3. Mailing Address P.O. Box 727			
Suite, Apt. #, etc. A2		Suite, Apt. #, etc.			
City & State Bartow, FL		City & State Bartow, FL		4. FEI Number 30-0264417	
Zip 33830		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33831-0727		Country US		Applied For Not Applicable	
6. Name and Address of Current Registered Agent WILSON, KERRY P.O. DRAWER 7608 WINTER HAVEN, FL 33883			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE <small>Signature, typed or printed name of registered agent, and title if applicable.</small> </div> <div> MISCHELLE ANDERSON <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div> 3/14/07 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STATOM, GABRIEL D <input type="checkbox"/> Delete 690 E. DAVIDSON STREET BARTOW, FL 33830		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Statom, Dr. Gabriel D. P.O. Box 727 Bartow, FL 33831	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input checked="" type="checkbox"/> Delete SMALL, DOUG 690 E. DAVIDSON STREET BARTOW, FL 33830		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jane Patton P.O. Box 727 Bartow, FL 33831	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input checked="" type="checkbox"/> Delete BARGER, JUDY 690 E. DAVIDSON STREET BARTOW, FL 33830		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input checked="" type="checkbox"/> Delete DICKINSON, WILLIAM E 690 E. DAVIDSON STREET BARTOW, FL 33853		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jarvis Kendrick P.O. Box 727 Bartow, FL 33831	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Executive Director (D) Michelle Anderson P.O. Box 727 Bartow, FL 33831	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/14/07 863.804.0494 <small>Date Daytime Phone #</small>		