2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2007 8:00 am Secretary of State

			. KEPUI	<u> </u>				Secret	ary (ot Sta	ite	
DOCUMENT # N0300005068 1. Entity Name POLK ARTS ALLIANCE, INC.								03-21-2001	•			
						TELES.						
Principal Place of Business 690 E. DAVIDSON STREET BARTOW, FL 33830			Mailing Address 690 E. DAVIDSON STREET BARTOW, FL 33830				60025986					
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	pal Place of Busin っ E . 州ム	ess - No P.O. Box #		7.0, Box 427			# [JUE75] EL ELIF					
Suite.	A 2			Suite, Apt. #, etc.			03142007	Chg-NP	CR2E	037 (12/06)		
City &	State	FL	City & Sta				4. FEI Numbe			<u> </u>	plied For	
Zip Country			Zip Country					of Status Desire		\$8.75 Add	t Applicable itional	
338		and Address of Current	33831-C	<u> </u>	<u>U</u> S			Address of Ne	$\overline{}$	Fee Require	<u> </u>	
6. Name and Address of Current Registered Agent							7. Italie alia	Audies of He	w izagistarac	Agent		
WILSON, KERRY P.O. DRAWER 7608					Street A	ddress (F	P.O. Box Numbe	er is Not Accept	able)			
WINTE	R HAVEN, FL	. 33883				 . —						
					City	City FL Zip Code						
8. The al	bove named entity	y submits this statement for	r the purpose of o	changing its regist	tered office or	r registere	ed agent, or bot	h, in the State o	f Florida. I ar	n familiar with,	and accept	
trie of	oligationa of regist								1.1.	1		
SIGNATI		or printed name of registered agent		EUE And	DERSO (tered Agent signat		urban reinstation)		5/14/0) '		
	-// 	or printed trains or regulated agent	ario auc ii applicatio.	(NOTE, Regist					" DATE			
Filing Fee is \$61.25 9. Due by May 1, 2007							<u> </u>		DATE			
	_			Election Campaigr Trust Fund Contrib	n Financing		\$5.00 May Be Added to Fees			ck payable to		
10.	Due by M		RECTORS	Trust Fund Contrib	n Financing	A	\$5.00 May Boundary Bo		lorida Depa	artment of Si	ate	
10.	Due by M	OFFICERS AND DI	RECTORS	Trust Fund Contrib	n Financing pution.	□ A	\$5.00 May Be Added to Fees	ANGES TO OFF	ICERS AND D	artment of Si	ate	
TITLE NAME STREET ADD	DP STATOM, 690 E. DA	OFFICERS AND DIE GABRIEL D VIDSON STREET	RECTORS	Trust Fund Contrib 1 Delete T N S	n Financing pution. 1. ITLE IAME STREET ADDRESS	DP Sta	\$5.00 May Bo Added to Fees DDITIONS/CHA Abm, Or O. Box 1	ANGES TO OFF - Gabrie - 27	Florida Depa	DIRECTORS IN	10	
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12. I hereby certify that the information supplied with this filling 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 feport 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.

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

Vischale Anderson

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5 M 87 863.804.0494

Daytime Phone #