

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 02, 2009
Secretary of State

DOCUMENT# N03000005068

Entity Name: POLK ARTS ALLIANCE, INC.**Current Principal Place of Business:**1350 E. MAIN STREET
A2
BARTOW, FL 33830 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 727
BARTOW, FL 338310727 US**New Mailing Address:****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:** P () Delete
Name: STATOM, GABRIEL D
Address: P.O. BOX 727
City-St-Zip: BARTOW, FL 33831 US**Title:** P () Delete
Name: ROSS, CINDY HARTLEY H MS.
Address: P.O. BOX 727
City-St-Zip: BARTOW, FL 33831 US**Title:** DT () Delete
Name: KENDRICK, JARVIS
Address: P.O. BOX 727
City-St-Zip: BARTOW, FL 33831 US**Title:** ED () Delete
Name: ANDERSON, MISHELLE
Address: P.O. BOX 727
City-St-Zip: BARTOW, FL 33831 US**Title:** S (X) Delete
Name: HAFHEY, CYNTHIA
Address: FSC, 111 LAKE HOLLINGSWORTH DR.
City-St-Zip: LAKELAND, FL 33801**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** T (X) Change () Addition
Name: SANDERS, MANDY E
Address: 811 E MAIN ST
City-St-Zip: LAKELAND, FL 33801 US**Title:** P (X) Change () Addition
Name: ROSS, CINDY HARTLEY H MS.
Address: 607 LAKE MIRIAM DR
City-St-Zip: LAKELAND, FL 33813 US**Title:** D (X) Change () Addition
Name: CLARK, DAN
Address: 2048 WISTERIA LN
City-St-Zip: LAKELAND, FL 33813 US**Title:** S (X) Change () Addition
Name: HAFHEY, CYNTHIA
Address: 829 E PALMETTO ST
City-St-Zip: LAKELAND, FL 33801 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MANDY E SANDERS

T

08/02/2009

Electronic Signature of Signing Officer or Director

Date