

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005068

FILED  
Apr 05, 2012  
Secretary of State

**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: PRES  
Name: CLARK, DAN  
Address: 1014 SOUTH FLORIDA AVENUE  
City-St-Zip: LAKELAND, FL 33803

Title: VP  
Name: RODRIGUEZ, CINDY  
Address: 1875 W MAIN ST  
City-St-Zip: BARTOW, FL 33830

Title: SEC  
Name: BURKE, MARTHA ROE  
Address: 430 EAST MAIN STREET  
City-St-Zip: BARTOW, FL 33831

Title: TRES  
Name: BRYANT, THOMAS  
Address: 4940 SOUTHFORK DRIVE  
City-St-Zip: LAKELAND, FL 33813

Title: ED  
Name: MASS, MERI  
Address: 1350 EAST MAIN STREET  
City-St-Zip: BARTOW, FL 33830

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: MERI MASS

ED

04/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date