

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N03000006722

1. Entity Name

POLK COUNTY WAR-EAGLES, INCORPORATED



**FILED**  
**Aug 18, 2008 08:00 AM**  
**Secretary of State**



Principal Place of Business

2224 EVIE ST  
LAKE WALES FL 33898

Mailing Address

2224 EVIE ST  
LAKE WALES FL 33898

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

33-1073382

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELOACH, RICHARD  
2224 EVIE ST  
LAKE WALES FL 33898

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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	PD	<input type="checkbox"/> Delete
NAME	DELOACH, RICHARD	
STREET ADDRESS	2224 EVIE ST	
CITY- ST- ZIP	LAKE WALES FL 33898	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WEST, HORACE	
STREET ADDRESS	2224 EVIE ST	
CITY- ST- ZIP	LAKE WALES FL 33898	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINTON, NATHAN	
STREET ADDRESS	405 E STREET	
CITY- ST- ZIP	LAKE WALES FL 33853	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DELOACH, DIANE B	
STREET ADDRESS	2224 EVIE STREET	
CITY- ST- ZIP	LAKE WALES FL 33898	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DELOACH, DIANE B	
STREET ADDRESS	2224 EVIE STREET	
CITY- ST- ZIP	LAKE WALES FL 33898	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEST, MORRIS	
STREET ADDRESS	1103 NORTH 21ST STREET	
CITY- ST- ZIP	HAINES CITY FL 33844	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY- ST- ZIP		

U00000957919  
08/18/08-80008-005 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Richard P. DeLoach*

8-12-08

(863) 605-0265