

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006722

FILED
Jun 30, 2009
Secretary of State

Entity Name: POLK COUNTY WAR-EAGLES, INCORPORATED

Current Principal Place of Business:

2224 EVIE ST
LAKE WALES, FL 33898

New Principal Place of Business:

Current Mailing Address:

2224 EVIE ST
LAKE WALES, FL 33898

New Mailing Address:

FEI Number: 33-1073382 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DELOACH, RICHARD
2224 EVIE ST
LAKE WALES, FL 33898 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: PD () Delete
Name: DELOACH, RICHARD
Address: 2224 EVIE ST
City-St-Zip: LAKE WALES, FL 33898

Title: VD () Delete
Name: WEST, HORACE
Address: 2224 EVIE ST
City-St-Zip: LAKE WALES, FL 33898

Title: D () Delete
Name: MINTON, NATHAN
Address: 405 E STREET
City-St-Zip: LAKE WALES, FL 33853

Title: ST () Delete
Name: DELOACH, DIANE B
Address: 2224 EVIE STREET
City-St-Zip: LAKE WALES, FL 33898

Title: ST () Delete
Name: DELOACH, DIANE B
Address: 2224 EVIE STREET
City-St-Zip: LAKE WALES, FL 33898

Title: D () Delete
Name: WEST, MORRIS
Address: 1103 NORTH 21ST STREET
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RICHARD L. DELOACH

CT

06/30/2009

Electronic Signature of Signing Officer or Director

Date