

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90258 002 ****61.25

DOCUMENT # N03000008248

1. Entity Name
READ POLK, INC.



Principal Place of Business
**205 E. MAIN STREET
SUITE 107
BARTOW, FL 33830-4613**

Mailing Address
**P.O. BOX 2595
BARTOW, FL 33847**

50000099



01082007 Chg-NP CR2E037 (12/06)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
20-0310633

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**WILSON, KERRY M
141 5TH STREET NW
WINTER HAVEN, FL 33881**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 **D,P** ☐ Delete
NAME **REDDOUT, BRENDA**
STREET ADDRESS **310 HERNANDO ROAD**
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D,VP** ☐ Delete
NAME **BAUER, BOB**
STREET ADDRESS **310 ORANGE STREET**
CITY-ST-ZIP **AUBURNDALE, FL 33823**

TITLE **D,P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D,S** ☒ Delete
NAME **SCHREIBER, MONICA**
STREET ADDRESS **247 BIRCH LANE**
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **D,S** ☐ Change ☒ Addition
NAME **GINA NANCE**
STREET ADDRESS **P.O. BOX 1111**
CITY-ST-ZIP **LAKE WALES, FL 33859-1111**

TITLE **D** ☒ Delete
NAME **STAMPFL, BARBARA**
STREET ADDRESS **2150 S. BROADWAY AVE.**
CITY-ST-ZIP **BARTOW, FL 33830**

TITLE **D,VP** ☐ Change ☒ Addition
NAME **MARGARET ANNE WHEELER**
STREET ADDRESS **P.O. BOX 391**
CITY-ST-ZIP **BARTOW, FL 33831-0391**

TITLE **D** ☒ Delete
NAME **WEST, MARSHA**
STREET ADDRESS **3414 CRESTWOOD ST.**
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **D** ☐ Change ☒ Addition
NAME **ROHLAND, EDNA**
STREET ADDRESS **1004 U.S. HWY 92 WEST**
CITY-ST-ZIP **AUBURNDALE, FL 33823**

TITLE **D,T** ☒ Delete
NAME **STRINGFELLOW, KEIGHTLEY**
STREET ADDRESS **P.O. BOX 505**
CITY-ST-ZIP **HOMELAND, FL 33847**

TITLE **D,T** ☐ Change ☒ Addition
NAME **MANDY SANDERS**
STREET ADDRESS **1728 ATHENS COURT**
CITY-ST-ZIP **LAKELAND, FL 33803**

12. I hereby certify that the information supplied with this filing 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 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: Mandy E. Sanders **MANDY E. SANDERS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/07

Date

863-683-6783

Daytime Phone #