


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 8:00 am
Secretary of State

01-23-2008 90006 047 ****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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country
	33831

6. Name and Address of Current Registered Agent	
WILSON, KERRY M 141 5TH STREET NW WINTER HAVEN, FL 33881	

7. Name and Address of New Registered Agent	
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.	
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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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>
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\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	TITLE	VP/D
NAME	REDDOUT, BRENDA	NAME	CRAVEN, PAM
STREET ADDRESS	310 HERNANDO ROAD	STREET ADDRESS	904 S. MISSOURI AVE.
CITY-ST-ZIP	WINTER HAVEN, FL 33884	CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	DP	TITLE	B D
NAME	BAUER, BOB	NAME	
STREET ADDRESS	310 ORANGE STREET	STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE, FL 33823	CITY-ST-ZIP	
TITLE	D,S	TITLE	
NAME	NANCE, GINA	NAME	
STREET ADDRESS	PO BOX 1111	STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES, FL 33859	CITY-ST-ZIP	
TITLE	DVP	TITLE	P/D
NAME	WHEELER, MARGARET ANNE	NAME	
STREET ADDRESS	P O BOX 391	STREET ADDRESS	
CITY-ST-ZIP	BARTOW, FL 33831	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	ROHLAND, EDNA	NAME	
STREET ADDRESS	1004 US HWY 92 WEST	STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE, FL 33823	CITY-ST-ZIP	
TITLE	D,T	TITLE	
NAME	SANDERS, MANDY	NAME	
STREET ADDRESS	1728 ATHENS COURT	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33803	CITY-ST-ZIP	

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.	
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SIGNATURE: <i>Mandy Sanders</i> MANDY SANDERS, Treasurer	1/17/08	863-693-6783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

40008528



01152008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-0310633	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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