

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008248

FILED
Feb 02, 2009
Secretary of State

Entity Name: READ POLK, INC.

Current Principal Place of Business:

205 E. MAIN STREET
SUITE 107
BARTOW, FL 338304613

New Principal Place of Business:

1628 S FLORIDA AVENUE
LAKELAND, FL 33803

Current Mailing Address:

P.O. BOX 2595
BARTOW, FL 33831

New Mailing Address:

FEI Number: 20-0310633 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, KERRY M
141 5TH STREET NW
WINTER HAVEN, FL 33881 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: D () Delete
Name: BAUER, BOB
Address: 310 ORANGE STREET
City-St-Zip: AUBURNDALE, FL 33823

Title: D,S () Delete
Name: NANCE, GINA
Address: PO BOX 1111
City-St-Zip: LAKE WALES, FL 33859

Title: PD () Delete
Name: WHEELER, MARGARET ANNE
Address: P O BOX 391
City-St-Zip: BARTOW, FL 33831

Title: D () Delete
Name: ROHLAND, EDNA
Address: 1004 US HWY 92 WEST
City-St-Zip: AUBURNDALE, FL 33823

Title: D,T () Delete
Name: SANDERS, MANDY
Address: 1728 ATHENS COURT
City-St-Zip: LAKELAND, FL 33803

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CRAVEN, PAMELA
Address: 1628 S FLORIDA AVENUE
City-St-Zip: LAKELAND, FL 33803

Title: SD (X) Change () Addition
Name: JORDAN, DIANA
Address: PO BOX 407
City-St-Zip: LAKELAND, FL 33802

Title: D (X) Change () Addition
Name: WHEELER, MARGARET ANNE
Address: P O BOX 391
City-St-Zip: BARTOW, FL 33831

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

Title: D,T (X) Change () Addition
Name: SANDERS, MANDY
Address: PO BOX 1076
City-St-Zip: LAKELAND, FL 33802

Title: VPD () Change (X) Addition
Name: COPELAND, SUSAN
Address: 1530 SHUMATE DRIVE
City-St-Zip: BARTOW, FL 33830

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: MANDY SANDERS

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02/02/2009

Electronic Signature of Signing Officer or Director

Date