

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001173

FILED
Apr 25, 2007
Secretary of State

Entity Name: POLK COUNTY LAW ENFORCEMENT ORGANIZATION, INC.

Current Principal Place of Business:

310 E MAIN ST
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

P O BOX 1066
BARTOW, FL 338311066

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HARDAWAY, LARRY D
310 E MAIN ST
BARTOW, FL 33830 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: THOMAS, WILLIAM W
Address: 5602 JOE KING RD
City-St-Zip: PLANT CITY, FL 33567

Title: VPD () Delete
Name: HOGAN, JAMES
Address: 1706 TERRY CIR
City-St-Zip: WINTER HAVEN, FL 33881

Title: SD () Delete
Name: WALKER, DORORHY
Address: 1036 EDITH AVE
City-St-Zip: LAKE LAND, FL 33805

Title: T () Delete
Name: GRANT, KENNETH
Address: 2444 MARY JEWETT CIR
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: WILEY, LEOTIS
Address: 5117 WATERS WOOD DR
City-St-Zip: BARTOW, FL 33830

Title: D () Delete
Name: HORNE, DARRELL
Address: 212 GRACE AVE
City-St-Zip: DUNDEE, FL 33838

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: THOMAS, WILLIAM W
Address: 5602 JOE KING RD
City-St-Zip: PLANT CITY, FL 33567

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: WILLIAM W. THOMAS

PD

04/25/2007

Electronic Signature of Signing Officer or Director

Date