# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 17, 2009**
**Secretary of State**

DOCUMENT# N04000004390

**Entity Name:** POLK COUNTY BUILDERS ASSOCIATION FOUNDATION, INC.

**Current Principal Place of Business:**

2232 HERITAGE DRIVE
LAKELAND, FL 33801

**New Principal Place of Business:**

**Current Mailing Address:**

2232 HERITAGE DRIVE
LAKELAND, FL 33801

**New Mailing Address:**

**FEI Number: 26-0086896** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NIVALA, BARBARA
1232 ROBINSWOOD COURT NORTH
LAKELAND, FL 33813 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: VP ( ) Delete
Name: HUNT, ALICE
Address: 5830 SCOTT LK HILLS LN
City-St-Zip: LAKELAND, FL 33813

Title: VP ( ) Delete
Name: CLEMENTS, GARY
Address: P.O. BOX 12
City-St-Zip: LAKELAND, FL 33802

Title: ST ( ) Delete
Name: HICKMAN, MIKE
Address: 5412 STRICKLAND AVE
City-St-Zip: LAKELAND, FL 33812

Title: P ( ) Delete
Name: HUNT, ALICE
Address: 5830 SCOTT LK HILLS LN
City-St-Zip: LAKELAND, FL 33813

Title: P (X) Delete
Name: WATERS, LORI
Address: 9469 WATERFORD OAKS DR
City-St-Zip: WINTER HAVEN, FL 33884

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition
Name: CLEMENTS, GARY
Address: P.O. BOX 12
City-St-Zip: LAKELAND, FL 33802

Title: P (X) Change ( ) Addition
Name: HEATH, RENNIE
Address: 250 AVENUE K, SW #100
City-St-Zip: WINTER HAVEN, FL 33880

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

Title: DIR (X) Change ( ) Addition
Name: COULOMBE, SCOTT
Address: 2232 HERITAGE DRIVE
City-St-Zip: LAKELAND, FL 33801

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: SCOTT COULOMBE DIR 03/17/2009

Electronic Signature of Signing Officer or Director — Date