


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90087 029 ****70.00

DOCUMENT # N04000009891 1. Entity Name POLK COUNTY YOUTH ORGANIZATION, INC.					
Principal Place of Business 108 SANDBURG LANE WINTER HAVEN, FL 33884			Mailing Address 108 SANDBURG LANE WINTER HAVEN, FL 33884		
2. Principal Place of Business 923 STRATHMORE Place		3. Mailing Address PO. Box 3981			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lk Wales Fl.		City & State Lk Wales Fl.		4. FEI Number 20-1782938	
Zip 33853		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33853		Country US		6. Name and Address of Current Registered Agent WALLEY, GEORGE L 108 SANDBURG LANE WINTER HAVEN, FL 33884	
7. Name and Address of New Registered Agent Name TIMOTHY W. Burns Street Address (P.O. Box Number is Not Acceptable) 923 STRATHMORE Place City Lk. Wales Fl. Zip Code FL 33853		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 Timothy W Burns DATE 2/03/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALLEY, GEORGE L 108 SANDBURG LANE WINTER HAVEN, FL 33884 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. PD TIMOTHY Burns 923 STRATHMORE PLACE LK WALEs Fl. 33853 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURNS, TIMOTHY 923 STRATHMORE PL. LAKE WALES, FL 33853 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPRES RB. Marlow 5661 Cypress Garden Rd Winter Haven FL 33880 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WALLEY, SHERRY L 108 SANDBURG LANE WINTER HAVEN, FL 33884 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Amanda Zafonte 124 Gaudner Ave. Lake Wales 91 33859 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Timothy W Burns		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2/3/2006 Daytime Phone # 8635288197	