2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2007
Secretary of State

DOCUMENT# N04000009891

Entity Name: POLK COUNTY YOUTH ORGANIZATION, INC.

Current Principal Place of Business:

923 STRATHMORE PLACE
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3981
LAKE WALES, FL 33859

New Mailing Address:

FEI Number: 20-1782938 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURNS, TIMOTHY W
923 STRATHMORE PLACE
LAKE WALES, FL 33853 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: BURNS, TIMOTHY
Address: 923 STRATHMORE PLACE
City-St-Zip: LAKE WALES, FL 33853

Title: VP ( ) Delete
Name: MARLOW, RB
Address: 5661 CYPRESS GARDEN RD
City-St-Zip: LAKE WALES, FL 33853

Title: STD ( ) Delete
Name: ZAFONTE, AMANDA
Address: 125 GARDEN AVE
City-St-Zip: LAKE WALES, FL 33853

Title: T ( ) Delete
Name: MACKROY, EDWARD
Address: 2201 EVIE STREET
City-St-Zip: LAKE WALES, FL 33898

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: YORK, SCOTT
Address: 932 PEMBROOKE PLACE
City-St-Zip: LAKE WALES, FL 33853

Title: SEC (X) Change ( ) Addition
Name: CHURCH, BETH
Address: 2057 BEL OMBRE CIRCLE
City-St-Zip: LAKE WALES, FL 33898

Title: TRES (X) Change ( ) Addition
Name: WALLACE, JENNIFER
Address: 1403 CHAMBERLAIN LOOP
City-St-Zip: LAKE WALES, FL 33853

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY BURNS PD 03/17/2007

Electronic Signature of Signing Officer or Director — Date