




2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90064 029 ****70.00

DOCUMENT # N05000000882 1. Entity Name REBUILD POLK AFTER DISASTER, INC.					
Principal Place of Business 5759 LAKE VICTORIA DR LAKELAND, FL 33813-4709			Mailing Address 5759 LAKE VICTORIA DR LAKELAND, FL 33813-4709		
2. Principal Place of Business 652 State Highway 60 W.		3. Mailing Address 331 S. Florida Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 400			
City & State Lake Wales, FL		City & State Lakeland, FL			
Zip 33853		Country USA		01212006 Chg-NP CR2E037 (11/05)	
33801-4626		Zip 33801-4626		Country USA	
6. Name and Address of Current Registered Agent Lynda MACK, LYNDA R 331 S FLORIDA AVE SUITE 400 LAKELAND, FL 33801-4626				7. Name and Address of New Registered Agent Name Mack, Lynda R. Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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: <u>Lynda R. Mack (LYNDA R. MACK)</u> <u>1/25/06</u> <u>863-603-4831</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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ATTACHMENT

60009246

Principal Place of Business 5759 LAKE VICTORIA DR LAKELAND, FL 33813-4709	Mailing Address 5759 LAKE VICTORIA DR LAKELAND, FL 33813-4709
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01252006 Chg-NP CR2E037 (11/05)

4. FEI Number	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MACK, LUNDA R 331 S FLORIDA AVE SUITE 400 LAKELAND, FL 33801-4626		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #