2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Nam	MENT # N05000000 POLK AFTER DISASTER, 1		01	-30-2006 90064	029 ****70	.00				
Principal Plac 5759 LAKE A LAKELAND, P		Mailing Address 5759 LAKE VICTORIA DR LAKELAND, FL 33813-4709			~ ~ ~ ~ ~ ~ ~ ~ ~	•				
652 S	tate Highway 60 W.	3. Mailing Address 331 S. Florida	Ave.		BYNY BBIR BÊTATÎBBIR BBUR BBYN	6810) 18:8 6 (81) 18				
	Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 400				Ong-11: Oracles/ (11/05/					
	Wales, th	City & State Lakeland, F		4. FEI Number 20 - 23	67388	No	plied For t Applicable			
338S	Country USA	33801-4626 C	JSA	5. Certificate of Sta		\$8.75 Add Fee Required				
1	6. Name and Address of Current R		Name na	•	ress of New Registere	d Agent				
MACK, LUNDA R 331 S FLORIDA AVE SUITE 400				ack, Lynd ess (P.O. Box Number is 1						
LAKELANI	D, FL 33801-4626					·				
			City		F	L 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										
	Signature, typed or printed name of registered agent ar			equired when reinstating)	DATE					
	Signature, typed or printed name of registered agent at Filling Fee is \$61.25 Due by May 1, 2006	9. Election Campaigr Trust Fund Contrib	Financing	\$5.00 May Be Added to Fees	Make che	eck payable to artment of St				
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICE	Date	Daytime Phone #	
SIGNATURE:	Lynda R. Mack	(LYNDA R. MACK)	1/25/06	863-603-4831
changed, or on an att	achment with an address, with all other like empowered	3 .		

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000000882 **ATTACHMENT** REBUILD POLK AFTER DISASTER, INC. 60009246 Principal Place of Business Mailing Address 5759 LAKE VICTORIA DR 5759 LAKE VICTORIA DR LAKELAND, FL 33813-4709 LAKELAND, FL 33813-4709 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 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 Street Address (P.O. Box Number is Not Acceptable) LAKELAND, FL 33801-4626 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee Is \$61.25 \$5.00 May Be Due by May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Director (D) TITLE ☐ Delete TITLE ☐ Change Addition Huston J. Banton II 824 Lakeside Coart NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Lakeland, FL 33815 ☐ Delete TITLE TITLE Director (D) ☐ Change Addition NAME NAME Melynda Rinker 4733 Hulse Lake STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Lakeland, FL 33813 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #