

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90049 002 ****70.00

DOCUMENT # N05000000882

1. Entity Name
REBUILD POLK AFTER DISASTER, INC.



Principal Place of Business
**652 STATE HWY 60 W
LAKE WALES, FL 33853**

Mailing Address
**PO BOX 1466
HIGHLAND CITY, FL 33846**

40041140



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03062008

Chg-NP

CR2E037 (12/06)

4. FEI Number
20-2367388

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MACK, LYNDIA 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

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
**C
COX, CEDRIC H SR
114 SEVILLE RD
AUBURNDALE, FL 33823** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Cather, Gayle
1295 Brice Blvd.
Bartow, FL 33830** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VC
SPIVEY, ALICE
105 SUNSHINE BLVD
POLK CITY, FL 33886** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
Rinker, Melinda
4733 Hulse Lane
Lakeland, FL 33813** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WOODHEAD, DIANA
136 BERMUDA CT
WINTER HAVEN, FL 33880** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Barton, Huston J, II
824 Lakeside Ct.
Lakeland, FL 33815** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MACK, LYNDIA R
844 GLENDALE ST
LAKELAND, FL 33803** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Barnett, June
5605 U.S. Hwy 98 SOUTH
Lakeland, FL 33813** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VC
SPIVEY, ALICE
5605 US HWY 98 SOUTH
LAKELAND, FL 33813** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCMILLON, MILDRED S
310 HEATHERPOINT DR
LAKELAND, FL 33808** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: Lynda R. Mack, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/08

863-603-4831
Daytime Phone #

LYNDA R. MACK