

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000882

FILED
Jan 22, 2009
Secretary of State

Entity Name: REBUILD POLK AFTER DISASTER, INC.

Current Principal Place of Business:

652 STATE HWY 60 W
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

PO BOX 1466
HIGHLAND CITY, FL 33846

New Mailing Address:

652 STATE HWY 60 W
LAKE WALES, FL 33853

FEI Number: 20-2367388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MACK, LYNDIA R
331 S FLORIDA AVE SUITE 400
LAKELAND, FL 338014626 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: P () Delete
Name: CATHER, GAYLE
Address: 1295 BRICE BVLD
City-St-Zip: BARTOW, FL 33830

Title: VP () Delete
Name: RINKER, MELYNDA
Address: 4733 HULSE LANE
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: BANTON, HUSTON J
Address: 824 LAKESIDE CT
City-St-Zip: LAKELAND, FL 33815

Title: T () Delete
Name: MACK, LYNDIA R
Address: 844 GLENDALE ST
City-St-Zip: LAKELAND, FL 33803

Title: D () Delete
Name: BARNETT, JUNE
Address: 5605 US HWY 98 SOUTH
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: MCMILLON, MILDRED S
Address: 310 HEATHERPOINT DR
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CATHER, GAYLE
Address: 1295 BRICE BVLD
City-St-Zip: BARTOW, FL 33830

Title: P (X) Change () Addition
Name: RINKER, MELYNDA
Address: 4733 HULSE LANE
City-St-Zip: LAKELAND, FL 33813

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

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

Title: VP (X) Change () Addition
Name: BARNETT, JUNE
Address: 5605 US HWY 98 SOUTH
City-St-Zip: LAKELAND, FL 33813

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

I hereby certify that the information supplied with this filing does not qualify 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: LYNDIA R. MACK

T

01/22/2009

Electronic Signature of Signing Officer or Director

Date