

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000009582

1. Entity Name
POLK COUNTY COUNCIL OF EXCEPTIONAL CHILDREN
CHAPTER 209 INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 25 AM 11:53

Principal Place of Business
1100 OAKBRIDGE PARKWAY
APT 175
LAKELAND, FL 33803 US

Mailing Address
1100 OAKBRIDGE PARKWAY
APT 175
LAKELAND, FL 33803 US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09252007 REIN-NP

CR2E099 (1/07)

City & State

City & State

4. FEI Number
20-5707935

Applied For
Not Applicable

Zip

Country

Zip

Country

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

LEE, RUTH A
1100 OAKBRIDGE PARKWAY
APT 175
LAKELAND, FL 33803

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

Ruth A. Lee Ruth A. Lee President Elect

10-20-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2008, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME PEARSON, DIANE ☒ Delete
STREET ADDRESS 2405 TIMBERCREEK LOOP E
CITY-ST-ZIP LAKELAND, FL 33805

TITLE Vice President ☐ Change ☒ Addition
NAME Franklin E. Shoemaker
STREET ADDRESS 4733 San Antonio Dr.
CITY-ST-ZIP Lakeland, FL 33813

TITLE P-EL ☐ Delete
NAME DRIVER, KATHY
STREET ADDRESS 4285 SUMMER LANDING DR
CITY-ST-ZIP LAKELAND, FL 33810

TITLE President ☒ Change ☐ Addition
NAME Kathy Driver
STREET ADDRESS 3145 Whetstone Lane
CITY-ST-ZIP Mulberry, FL 33860

TITLE VP ☐ Delete
NAME LEE, RUTH A
STREET ADDRESS 1100 OAKBRIDGE PARKWAY
CITY-ST-ZIP LAKELAND, FL 33803

TITLE President Elect ☒ Change ☐ Addition
NAME Ruth A. Lee
STREET ADDRESS 1100 Oakbridge Parkway
CITY-ST-ZIP Lakeland, FL 33803

TITLE TR ☒ Delete
NAME BRADSHAW-ALLEN, WENDY L
STREET ADDRESS 5046 COPPERSTONE CIR
CITY-ST-ZIP MULBERRY, FL 33860

TITLE Treasurer ☐ Change ☒ Addition
NAME Krystle Gaver
STREET ADDRESS 6706 Boredaux Blvd.
CITY-ST-ZIP Lakeland, FL 33811

TITLE ☐ Delete
NAME *STATEMENT*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME *800111360358*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME *Secretary*
STREET ADDRESS *Kimberly McHugh*
CITY-ST-ZIP *5147 Bonniebrook Dr. W. Lakeland, FL 33811*

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:

Ruth A. Lee Ruth A. Lee

10-20-07

863-255-1611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #