

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2008 8:00 am**  
**Secretary of State**

05-09-2008 90005 028 \*\*\*\*61.25

**DOCUMENT # N06000009582**

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



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.

05072008 Chg-NP CR2E037 (12/06)

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

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 September 12, 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 **V** ☐ Delete  
NAME **SHOEMAKER, FRANKLIN E**  
STREET ADDRESS **4733 SAN ANTONIO DR**  
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **Child Advocacy Network Rep** ☐ Change ☒ Addition  
NAME **Tonya A. Sharrett-Shoemaker**  
STREET ADDRESS **4733 San Antonio Dr.**  
CITY-ST-ZIP **Lakeland, FL 33813**

TITLE **P** ☐ Delete  
NAME **DRIVER, KATHY**  
STREET ADDRESS **3145 WREN LANE**  
CITY-ST-ZIP **MULBERRY, FL 33860**

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

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

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

TITLE **T** ☐ Delete  
NAME **GAVER, KRYSTLE**  
STREET ADDRESS **6706 BOREDAUX BLVD**  
CITY-ST-ZIP **LAKELAND, FL 33811**

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

TITLE **S** ☐ Delete  
NAME **MCHUGH, KIMBERLY**  
STREET ADDRESS **5147 BONNIEBROOK DR WEST**  
CITY-ST-ZIP **LAKELAND, FL 33811**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: Franklin E. Shoemaker 5/7/08 8636444879  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #