


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90023 042 ****61.25

DOCUMENT # N06549		
1. Entity Name POLK COUNTY COUNCIL ON ECONOMIC EDUCATION, INC.		

Principal Place of Business 6150 S. FLORIDA AVE LAKELAND FL 33813	Mailing Address P.O. BOX 7374 LAKELAND FL 33807-7374
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-2475819		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JOHNSON, JUDY E. P.O. BOX 7374 6150 S. FLORIDA AVE LAKELAND FL 33813		7. Name and Address of New Registered Agent	
		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

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	CD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SIKES, CHRIS			NAME	Ben Adams, Jr.		
STREET ADDRESS	1434 FAIRHAVEN DRIVE			STREET ADDRESS	P.O. Box 2239		
CITY-ST-ZIP	LAKELAND FL			CITY-ST-ZIP	Winter Haven, FL 33883-2239		
TITLE	DD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLLIS, MARK C. <i>Change Director Only</i>			NAME			
STREET ADDRESS	1222 LAKE HOLLINGSWORTH DRIVE			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JEFFARES, DONALD J.			NAME			
STREET ADDRESS	5660 LAKE POINT BLVD.			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, ERNEST			NAME			
STREET ADDRESS	1190 SOUTH ORANGE AVE			STREET ADDRESS			
CITY-ST-ZIP	BARTOW FL 33830			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOORE, THOMAS W., JR.			NAME			
STREET ADDRESS	2025 SYLVESTER ROAD			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NORTON, KELLY			NAME			
STREET ADDRESS	1214 BRIGHTON WAY			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33813			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

3/10/05 863-644-9300