

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 8:00 am
Secretary of State

02-21-2006 90020 024 ****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	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	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			7. Name and Address of New Registered Agent		
JOHNSON, JUDY E. P.O. BOX 7374 6150 S. FLORIDA AVE LAKELAND FL 33813			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-electing) DATE</small>					
FILE NOW FEE IS \$61.25 Due By May 1, 2006		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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE (D)	Ben Adams, Jr.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIKES, CHRIS		NAME	Phoenix Industries	
STREET ADDRESS	1434 FAIRHAVEN DRIVE		STREET ADDRESS	621 Snively Road	
CITY-ST-ZIP	LAKELAND FL		CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLLIS, MARK C.		NAME		
STREET ADDRESS	1222 LAKE HOLLINGSWORTH DRIVE		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	JEFFARES, DONALD J.		NAME		
STREET ADDRESS	5660 LAKE POINT BLVD.		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, ERNEST		NAME	Ginger Smith	
STREET ADDRESS	1190 SOUTH ORANGE AVE		STREET ADDRESS	1190 South Orange Ave.	
CITY-ST-ZIP	BARTOW FL 33830		CITY-ST-ZIP	Bartow. FL 33830	
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 exemptions contained in Section 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-7-06 <small>Date</small>		
Treasurer/Director			863-644-9300 <small>Daytime Phone #</small>		



ATTACHMENT
66004648

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

POLK COUNTY COUNCIL ON ECONOMIC EDUCATION, INC.
P.O. BOX 7374
LAKE LAND, FL 33807-7374

Subject: **POLK COUNTY COUNCIL ON ECONOMIC EDUCATION, INC.**

Reference Number: **N06549**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH
ANNUAL REPORTS SECTION