2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006691

FILED Feb 07, 2009 Secretary of State

Entity Name: POLK COUNTY C.E.R.T. ASSOCIATION INC.

Current Principal Place of Business: New Principal Place of Business:

1048 RUBY ST. 1830 TAHITI CIRCLE LAKELAND, FL 33815 DAVENPORT, FL 33897

Current Mailing Address: New Mailing Address:

1048 RUBY ST. 1830 TAHITI CIRCLE LAKELAND, FL 33815 DAVENPORT, FL 33897

FEI Number: 20-8655093 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLIAMS, DONALD 1830 TAHITI CIR. DAVENPORT, FL 33897 US

OFFICERS AND DIRECTORS:

NOVALIS, PAUL

143 DREAMA DR.

Name:

Address:

City-St-Zip:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition LAND, ROGER ADKINS, BARBARA D P Name: Name: 1048 RUBY ST. Address: 103 PIEDMONT PARK AVE. Address: City-St-Zip: LAKELAND, FL 33815 City-St-Zip: DAVENPORT, FL 33897

Title: VD () Delete Title: VD (X) Change () Addition MCLAUGHLIN, KURT Name: HALL, KEN D VP Name:

Address: 736 PAR PINES BLVD. Address: 5061 SADDLEBAG LAKE RD. City-St-Zip: DAVENPORT, FL 33897 City-St-Zip: LAKE WALES, FL 33898

Title: () Delete Title: SD (X) Change () Addition SCHOEFFEL, WAYNE DOSS, PAULA D S Name: Name:

165 KNOLL WOOD DR. Address: Address: 5573 FOREST RIDGE AVE. City-St-Zip: KISSIMMEE, FL 34759 City-St-Zip: WINTER HAVEN, FL 333881

Title: DT () Delete Title: DT (X) Change () Addition

BLEILER, CARL BLEILER, CARL DT Name: Name: Address: 923 RUBY ST. Address: 923 RUBY ST. City-St-Zip: LAKELAND, FL 33815 City-St-Zip: LAKELAND, FL 33815

Title: () Delete Title: (X) Change () Addition

ADKINS, BARBARA BETTLE, GWEN D Name: Name: 103 PIEDMONT AVE. 4350 CROWS BLUFF AVE. Address: Address: City-St-Zip: DAVENPORT, FL 33897 City-St-Zip: LAKE WALES, FL 33859

Title: () Delete Title: () Change () Addition

Name: Address: DAVENPORT, FL 33897 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: DONALD WILLIAMS R/A 02/07/2009