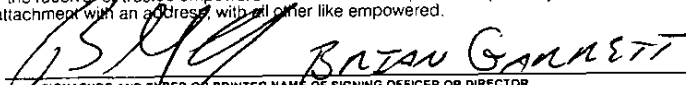


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90025 024 ****61.25

DOCUMENT # N09958 1. Entity Name NAMI POLK COUNTY, INC.					
Principal Place of Business 124 S. FLORIDA AVE. 301 SUITE LAKELAND, FL 33801				Mailing Address P.O. BOX 3548 LAKELAND, FL 33802-3548	
2. Principal Place of Business - No P.O. Box # 1090 US Hwy 17 S.		3. Mailing Address 1090 US Hwy 17 S.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04282008 Chg-NP CR2E037 (12/06)	
City & State Bartow, FL		City & State Bartow, FL		4. FEI Number 59-2600811	
Zip 33830		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KALEY, LINDA 124 S. FLORIDA AVE. STE. 301 LAKELAND, FL 33801		7. Name and Address of New Registered Agent Name (Same agent, new address) Street Address (P.O. Box Number is Not Acceptable) 2454 Hartridge Pointe Dr. W. City Winter Haven FL 33881			
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)					
Filing Fee is \$61.25 Due by May 1, 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 NAME STREET ADDRESS CITY-ST-ZIP	D GARRETT, BRIAN 455 N. BROADWAY AVE. BARTOW, FL 33830	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Garrett, Brian 455 N. Broadway Ave. Bartow, FL 33830	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMALL, NORMAN 20 CASARENA CT WINTER HAEN, FL 33880	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KALEY, LINDA 1920 E. EDGEWOOD DR., #H-1 LAKELAND, FL 33803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Kaley, Linda 2454 Hartridge Pointe Dr. W. Winter Haven, FL 33881	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELLIOTT, BRENT 6307 ALAMANDA HILLS DR LAKELAND, FL 33813	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Floyd, Trisha 6233 Riverlake Lane Bartow, FL 33830	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KALEY, ROBERT 1920 E. EDGEWOOD DR., H-1 LAKELAND, FL 33803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kaley, Robert 2454 Hartridge Pointe Dr. W. Winter Haven, FL 33881	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOFFMAN, BARBARA 6939 LACY DR. LAKELAND, FL 33813	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:  BRIAN GARRETT 4/29/08 3879949 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					