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	Mailing Address
124 S. FLORIDA AVE. 301 SUITE LAKELAND, FL 33801	P.O. BOX 3548 LAKELAND, FL 33802-3548

04282008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1090 US Hwy 17 S.	1090 US Hwy 17 S
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bartow, FL	City & State: Bartow, FL
Zip: 33830 Country: USA	Zip: 33830 Country: USA

4. FEI Number 59-2600811 ☐ Applied For ☐ Not Applicable

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
KALEY, LINDA ~~124 S. FLORIDA AVE.~~ ~~STE. 301~~ ~~LAKELAND, FL 33801~~ ~~Linda~~ Kaley, Linda 2454 Hartridge Pt Drw Winter Haven, FL 33881	Name: (Same agent, new address) Street Address (P.O. Box Number is Not Acceptable): 2454 Hartridge Pointe Dr. W. City: Winter Haven FL Zip Code: 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 _____
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 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.

X
SIGNATURE: [signature] BRIAN GARRETT 4/29/08 863 3879949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #