

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09958

FILED
Apr 29, 2009
Secretary of State

Entity Name: NAMI POLK COUNTY, INC.

Current Principal Place of Business:

1090 US HWY 17 S.
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

1090 US HWY 17 S.
BARTOW, FL 33830

New Mailing Address:

FEI Number: 59-2600811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALEY, LINDA
2454 HARTRIDGE PT DR W.
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

NAMI POLK
1090 US HWY 17 S.
BARTOW, FL 33830 US

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: TRISHA FLOYD

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GARRETT, BRIAN
Address: 455 N. BROADWAY AVE.
City-St-Zip: BARTOW, FL 33830

Title: D () Delete
Name: SMALL, NORMAN
Address: 20 CASARENA CT
City-St-Zip: WINTER HAEN, FL 33880

Title: S () Delete
Name: KALEY, LINDA
Address: 2454 HARTRIDGE POINTE DR.W.
City-St-Zip: WINTER HAVEN, FL 33881

Title: T () Delete
Name: FLOYD, TRISHA
Address: 6233 RIVERLAKE LANE
City-St-Zip: BARTOW, FL 33830

Title: D (X) Delete
Name: KALEY, ROBERT
Address: 2454 HARTRIDGE POINTE DR. W.
City-St-Zip: WINTER HAVEN, FL 33881

Title: V (X) Delete
Name: HOFFMAN, BARBARA
Address: 6939 LACY DR.
City-St-Zip: LAKE LAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GARRETT, BRIAN
Address: 455 N. BROADWAY AVE.
City-St-Zip: BARTOW, FL 33830

Title: TREA (X) Change () Addition
Name: TRISHA, FLOYD
Address: 6233 RIVERLAKE LANE
City-St-Zip: BARTOW, FL 33830

Title: VP (X) Change () Addition
Name: BARBARA, HOFFMAN
Address: 6939 LACY DRIVE
City-St-Zip: LAKE LAND, FL 33813

Title: S (X) Change () Addition
Name: CAROL, HOFFMAN
Address: 6036 SEAGULL LANE
City-St-Zip: LAKE LAND, FL 33809

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: TRISHA FLOYD

TREA

04/29/2009

Electronic Signature of Signing Officer or Director

Date