

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09958

FILED
Mar 26, 2010
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:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: LT.
Name: GARRETT, BRIAN PRES.
Address: 455 N. BROADWAY AVE.
City-St-Zip: BARTOW, FL 33830 US

Title: MS.
Name: FLOYD, TRISHA TREASUR
Address: 6233 RIVERLAKE LANE
City-St-Zip: BARTOW, FL 33830 US

Title: MS
Name: HOFFMAN, BARBARA VP
Address: 6939 LACY DRIVE
City-St-Zip: LAKELAND, FL 33813 US

Title: MS
Name: HOFFMAN, CAROL SEC
Address: 6036 SEAGULL LANE
City-St-Zip: LAKELAND, FL 33809 US

Title: MS.
Name: ARTHUR, DIANA BRD MBR
Address: 1812 MICHELLE LANE
City-St-Zip: LAKELAND, FL 33813 US

Title: MR.
Name: NORMAN, SMALL BRD MBR
Address: 20 CASARENA CT.
City-St-Zip: WINTER HAVEN, FL 33881 US

I hereby 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 all other like empowered.

SIGNATURE: CATHY HATCH

MS

03/26/2010

Electronic Signature of Signing Officer or Director

Date