2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09958

Entity Name: NAMI POLK COUNTY, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
1090 US HWY 17 S. BARTOW, FL 33830	1090 US HWY 17 S. BARTOW, FL 33830 US

Current Mailing Address:	**New Mailing Address:**
1090 US HWY 17 S. BARTOW, FL 33830	1090 US HWY 17 S. BARTOW, FL 33830 US

FEI Number: 59-2600811   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**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: _____

      Electronic Signature of Registered Agent   Date

OFFICERS AND DIRECTORS:

Title:	PRES
Name:	ARTHUR, DIANA
Address:	1812 MICHELLE LANE
City-St-Zip:	LAKELAND, FL 33813 US

Title:	VPRE
Name:	WEEKS, ANNE MPA
Address:	PO BOX 9000, DRAWER J-114
City-St-Zip:	BARTOW, FL 33830 US

Title:	TRES
Name:	TYSON, ANNE MD
Address:	6700 S FLORIDA AVENUE #13
City-St-Zip:	LAKELAND, FL 33803 US

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

Title:	MR
Name:	DWYER, NEAL MA
Address:	1716 AVANT STREET
City-St-Zip:	VALRICO, FL 33594 US

Title:	MRS
Name:	MCINERNEY, JOYCE BRD MBR
Address:	6850 PORTER ROAD
City-St-Zip:	LAKE WALES, FL 33898 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: MELISSA SONGER   DIR   03/26/2012

      Electronic Signature of Signing Officer or Director   Date