

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001986

FILED
Mar 07, 2011
Secretary of State

Entity Name: DOWN SYNDROME ASSOCIATION OF POLK COUNTY, INC.

Current Principal Place of Business:

285 E. THELMA ST.
LAKE ALFRED, FL 33850

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10
LAKE ALFRED, FL 33850

New Mailing Address:

FEI Number: 38-3810385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, TRACY L
285 E. THELMA ST.
LAKE ALFRED, FL 33850 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: MRS.
Name: GARCIA, TRACY
Address: 285 E. THELMA STREET
City-St-Zip: LAKE ALFRED, FL 33850

Title: MRS.
Name: SPENCER, KARYN
Address: 6014 YARBOROUGH LANE
City-St-Zip: LAKELAND, FL 33812

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: TRACY L. GARCIA

RA

03/07/2011

Electronic Signature of Signing Officer or Director

Date