

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000008631

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** POLK COUNTY ATHELTICS INC.

**Current Principal Place of Business:**

202 PARK ST NORTH  
AUBURNDALE, FL 33823

**New Principal Place of Business:**

**Current Mailing Address:**

311 LANCEOLATE DR  
WINTER HAVEN, FL 33881

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

COLLINS, PATRICIA M  
311 LANCEOLATE DR  
WINTER HAVEN, FL 33881 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: P  
Name: COLLINS, PATRICIA M  
Address: 311 LANCEOLATE DR  
City-St-Zip: WINTER HAVEN, FL 33881

Title: VP  
Name: HUNTER, DINA M  
Address: 4981 MANDOLIN CT  
City-St-Zip: WINTER HAVEN, FL 33884

Title: S  
Name: TINA, BROWN  
Address: 5314 MOUNT OLIVE RD  
City-St-Zip: POLK CITY, FL 33868

Title: T  
Name: ADAMS, MINDY LE  
Address: 426 TERRANOVA ST.  
City-St-Zip: WINTER HAVEN, FL 33884

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: PATRICIA COLLINS

P

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date