

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000000540

FILED  
Jan 31, 2012  
Secretary of State

**Entity Name:** POLK PRE-COLLEGIATE ACADEMY, INC.

**Current Principal Place of Business:**

5316 BERKLEY RD  
AUBURNDALE, FL 33823

**New Principal Place of Business:**

**Current Mailing Address:**

5316 BERKLEY RD  
AUBURNDALE, FL 33823

**New Mailing Address:**

**FEI Number:** 27-4846294

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HALLOCK, DAVID D JR  
ONE LAKE MORTON DR  
LAKELAND, FL 33801 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: D  
Name: MORGAN, JAY  
Address: 933 CLASSIC VIEW BLVD  
City-St-Zip: AUBURNDALE, FL 33823

Title: D  
Name: HENDERSON, EDITH  
Address: 489 OPAL AVE  
City-St-Zip: AUBURNDALE, FL 33823

Title: D  
Name: MANSON, HENRY  
Address: 921 CLASSIC VIEW BLVD  
City-St-Zip: AUBURNDALE, FL 33823

Title: D  
Name: SPIVEY, MICHAEL  
Address: 3800 RECKER HWY  
City-St-Zip: WINTER HAVEN, FL 33880

Title: D  
Name: BRAUCKMULLER, CHRIS  
Address: 128 FLAMINGO DR  
City-St-Zip: AUBURNDALE, FL 33823

Title: D  
Name: ASHCRAFT, PAUL  
Address: 915 LIBERTY LANE  
City-St-Zip: AUBURNDALE, FL 33823

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 CARVER

PRES

01/31/2012

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

\_\_\_\_\_  
Date