2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Feb 01, 2008 8:00 am
Secretary of State
02-01-2008 90017 002 ****70.00

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DOCUMENT # N14365

1. Entity Name
POLK TRAINING CENTER FOR HANDICAPPED CITIZEN, INC.

Principal Place of Business	Mailing Address
111 CREEK RD LAKE ALFRED, FL 33850 US	P O BOX 1345 LAKE ALFRED, FL 33850 US

01212008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2682430 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MULLEN, KAREN 111 CREEK RD LAKE ALFRED, FL 33850	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HALL, MALCOLM 252 LOMA DRIVE WINTER HAVEN, FL 33881	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALL, MALCOLM 252 LOMA DRIVE WINTER HAVEN, FL 33881	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANKIN, MAGGIE 467 LAS CRUCES WINTER HAVEN, FL 33884	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D VAHLE, KURT 411 AQUA VISTA DRIVE HAINES CITY, FL 33844	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DIAZ, RALPH 36 LAKE LINK CIRCLE WINTER HAVEN, F 33844	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMPSON, JOHN 6769 WINTERSET GARDENS RD. WINTER HAVEN, FL 33884	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M MULLEN, KAREN 2116 N LAKE ELOISE DR WINTER HAVEN, FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEAN, CHARLES W. 403 SEAWANE CIRCLE AUBURNDALE, FL 33823	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIS, MIKE 3491 EAST HINSON HAINES CITY, FL 33845	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIS, MICHAEL R. SR. 180 OLD SPANISH WAY WINTER HAVEN, FL 33884	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD STRANG, JOHN 690 W LAKE OTIS DR SE WINTER HAVEN, FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANKIN, MARGARET 467 LAS CRUCES WINTER HAVEN, FL 33884	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] KAREN MULLEN 1-21-08 8639561620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #