

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14365

FILED
May 01, 2009
Secretary of State

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

Current Principal Place of Business:

111 CREEK RD
LAKE ALFRED, FL 33850 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1345
LAKE ALFRED, FL 33850 US

New Mailing Address:

FEI Number: 59-2682430 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MULLEN, KAREN
111 CREEK RD
LAKE ALFRED, FL 33850 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: D () Delete
Name: HALL, MALCOLM
Address: 252 LOMA DRIVE
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: HANKIN, MARGARET
Address: 467 LAS CRUCES
City-St-Zip: WINTER HAVEN, FL 33884

Title: SD () Delete
Name: DIAZ, RALPH
Address: 36 LAKE LINK CIRCLE
City-St-Zip: WINTER HAVEN, F 33844

Title: M () Delete
Name: MULLEN, KAREN
Address: 2116 N LAKE ELOISE DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: WILLIS, MICHEAL R SR
Address: 180 OLD SPANISH WAY
City-St-Zip: WINTER HAVEN, FL 33884

Title: TD () Delete
Name: STRANG, JOHN
Address: 690 W LAKE OTIS DR SE
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: VAHLE, KURT R
Address: 411 AQUA VISTA DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: VTD (X) Change () Addition
Name: STRANG, JOHN
Address: 690 W LAKE OTIS DR SE
City-St-Zip: WINTER HAVEN, FL 33880

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KAREN MULLEN

M

05/01/2009

Electronic Signature of Signing Officer or Director

Date