2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14365

FILED Apr 01, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

111 CREEK RD

LAKE ALFRED, FL 33850 US

Current Mailing Address: New Mailing Address:

P O BOX 1345

LAKE ALFRED, FL 33850 US

FEI Number: 59-2682430 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

MULLEN, KAREN K M. 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: [

Name: HALL, MALCOLM Address: 252 LOMA DRIVE

City-St-Zip: WINTER HAVEN, FL 33881

Title: D

 Name:
 HANKIN, MARGARET

 Address:
 467 LAS CRUCES

 City-St-Zip:
 WINTER HAVEN, FL 33884

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 Title:
 SD

 Name:
 DIAZ, RALPH

 Address:
 36 LAKE LINK CIRCLE

 City-St-Zip:
 WINTER HAVEN, F. 33844

Title: M

Name: MULLEN, KAREN

Address: 2116 N LAKE ELOISE DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: F

Name: VAHLE, KURT R
Address: 411 AQUA VISTA DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: VTD

Name: STRANG, JOHN

Address: 690 W LAKE OTIS DR SE City-St-Zip: WINTER HAVEN, FL 33880

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: KAREN MULLEN M 04/01/2011