

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14365

FILED
Jul 26, 2012
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 ()

Name and Address of Current Registered Agent:

MULLEN, KAREN K M.
111 CREEK RD
LAKE ALFRED, FL 33850 US

Name and Address of New Registered Agent:

HOLBROOK, SHERRIE S H
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: SHERRIE HOLBROOK

07/26/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D-P
Name: HALL, MALCOLM
Address: 252 LOMA DRIVE
City-St-Zip: WINTER HAVEN, FL 33881

Title: D-VP
Name: VAHLE, HARRIET
Address: 11477 WILLOW GARDENS DR.
City-St-Zip: WINDERMERE, FL 34786

Title: D-S
Name: DEAN, CHARLES
Address: 403 SEAWANE CIRCLE
City-St-Zip: AUBURNDAL, FL 33823

Title: D-T
Name: STRANG, JOHN
Address: PO BOX 1364
City-St-Zip: AUBURNDAL, FL 33823

Title: EXD
Name: HOLBROOK, SHERRIE
Address: 8004 RIDGE POINTE DR
City-St-Zip: LAKELAND, FL 33810

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: SHERRIE HOLBROOK

EXED

07/26/2012

Electronic Signature of Signing Officer or Director

Date