

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25451

FILED
Sep 07, 2006
Secretary of State

Entity Name: POLK EDUCATION FOUNDATION AND BUSINESS PARTNERSHIP, INC.

Current Principal Place of Business:

1530 SHUMATE DR.
P.O. BOX 391
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

1530 SHUMATE DR.
P.O. BOX 391
BARTOW, FL 338310391 US

New Mailing Address:

FEI Number: 59-2956529 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

MISCH, DEBBIE
5075 BOY SCOUT RANCH RD
BARTOW, FL 33830 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: PD () Delete
Name: MISCH, DEBBIE
Address: 5075 BOY SCOUT RANCH RD
City-St-Zip: BARTOW, FL 33830 US

Title: D () Delete
Name: BANETT, CAROL-JENKINS
Address: 5815 LIVE OAK ROAD
City-St-Zip: LAKELAND, FL 33813 US

Title: D () Delete
Name: HARRIS, GEORGE
Address: 114 N TENNESSEE AVE
City-St-Zip: LAKELAND, FL 33801 US

Title: STD () Delete
Name: ULLMAN, DAVID
Address: P O BOX 990
City-St-Zip: LAKE WALES, FL 33859 US

Title: VP () Delete
Name: GRABER, RAY
Address: 1004 US HIGHWAY 92 W
City-St-Zip: LAKELAND, FL 33813 US

Title: M () Delete
Name: COPELAND, SUSAN
Address: 1902 ARIANA BLVD
City-St-Zip: AUBURNDALE, FL 33823 US

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN A COPELAND

DIR

09/07/2006

Electronic Signature of Signing Officer or Director

Date