


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90289 010 ****61.25

| | | | | | | | |
|--|-------------------------|--|--|---|--|-----------|----------|
| DOCUMENT # N26127 | | | |  | | | |
| 1. Entity Name HOMELESS COALITION OF POLK COUNTY, INC. | | | | | | | |
| Principal Place of Business 835 N KENTUCKY AVE LAKELAND, FL 33801-1713 | | | Mailing Address 835 N KENTUCKY AVE LAKELAND, FL 33801-1713 | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2993564 | | | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | | | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | | |
| HURLBURT, ROBERT 835 N. KENTUCK AVE. LAKELAND, FL 33801 | | | 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, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | HENDERSON, JACQUELYN S | | NAME | | | | |
| STREET ADDRESS | PO BOX 218 | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | LAKE HAMILTON, FL 33851 | | CITY-ST-ZIP | | | | |
| TITLE | TT | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | HURLBURT, ROBERT | | NAME | | | | |
| STREET ADDRESS | 6820 HATCHER RD. | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | LAKELAND, FL 33811 | | CITY-ST-ZIP | | | | |
| TITLE | VPD | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | DEE DEE, WRIGHT | | NAME | Wright, Dee Dee | | | |
| STREET ADDRESS | 1715 VALENCA BLD | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | LAKELAND, FL 33803 | | CITY-ST-ZIP | | | | |
| TITLE | S | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| NAME | SATTEFIELD, JANET E | | NAME | S Peters, Greer | | | |
| STREET ADDRESS | 953 SUCCESS AVENUE | | STREET ADDRESS | 6980 State Road 37 S, Mulberry FL 33860-8927 | | | |
| CITY-ST-ZIP | LAKELAND, FL 33803 | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| 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: <i>R H L</i> | | | Date: <i>4-6-06</i> | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Daytime Phone #: <i>863-682-6583</i> | | | | |