

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26127

FILED
Apr 25, 2007
Secretary of State

Entity Name: HOMELESS COALITION OF POLK COUNTY, INC.

Current Principal Place of Business:

835 N KENTUCKY AVE
LAKELAND, FL 338011713

New Principal Place of Business:

830 N KENTUCKY AVE
LAKELAND, FL 338011713

Current Mailing Address:

835 N KENTUCKY AVE
LAKELAND, FL 338011713

New Mailing Address:

830 N KENTUCKY AVE
LAKELAND, FL 338011713

FEI Number: 59-2993564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HURLBURT, ROBERT
835 N. KENTUCKY AVE.
LAKELAND, FL 33801 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: P () Delete
Name: HENDERSON, JACQUELYN S
Address: PO BOX 218
City-St-Zip: LAKE HAMILTON, FL 33851

Title: TT () Delete
Name: HURLBURT, ROBERT
Address: 6820 HATCHER RD.
City-St-Zip: LAKELAND, FL 33811

Title: VPD () Delete
Name: WRIGHT, DEE DEE
Address: 1715 VALENCA BLD
City-St-Zip: LAKELAND, FL 33803

Title: S () Delete
Name: PETERS, GREER
Address: 6980 STATE RD 37 SOUTH
City-St-Zip: MULBERRY, FL 338608927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TT (X) Change () Addition
Name: FORD, THOMAS K CPA
Address: 811 EAST MAIN STREET
City-St-Zip: LAKELAND, FL 33801

Title: VPD (X) Change () Addition
Name: SUMMERS, EVELYN V
Address: 140 EAST PARK AVE
City-St-Zip: LAKE WALES, FL 33853

Title: S (X) Change () Addition
Name: REID-CLARK, CYNTHANIA
Address: 711 6TH STREET NW
City-St-Zip: WINTER HAVEN, FL 33881

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: JACQUELINE HENDERSON

P

04/25/2007

Electronic Signature of Signing Officer or Director

Date