

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26127

FILED
Apr 21, 2009
Secretary of State

Entity Name: HOMELESS COALITION OF POLK COUNTY, INC.

Current Principal Place of Business:

830 N KENTUCKY AVE
LAKELAND, FL 338011713

New Principal Place of Business:

830 N KENTUCKY AVE
LAKELAND, FL 338011713 US

Current Mailing Address:

830 N KENTUCKY AVE
LAKELAND, FL 338011713

New Mailing Address:

830 N KENTUCKY AVE
LAKELAND, FL 338011713 US

FEI Number: 59-2993564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HURLBURT, ROBERT
830 N. KENTUCK AVE.
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

WHIPPLELEATHERWOOD, ANTHONY V
830 N. KENTUCK AVE.
LAKELAND, FL 33801 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: ANTHONY V WHIPPLELEATERWOOD SR.

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNSON, RICHARD
Address: 1836 N CRYSTAL LAKE DR #21
City-St-Zip: LAKELAND, FL 33801

Title: VPD () Delete
Name: RIHN, ROBERT
Address: 1815 CRYSTAL LAKE DR
City-St-Zip: LAKELAND, FL 33801

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: S () Change (X) Addition
Name: SMITH, GWENDOLYN E
Address: 646 G STREET
City-St-Zip: LAKE WALES, FL 33853 US

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: RICHARD JOHNSON

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date