2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26127

FILED Jaņ 0<u>6, 2</u>010 Secretary of State

Entity Name: HOMELESS COALITION OF POLK COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

830 N KENTUCKY AVE 1820 S FLORIDA AVE LAKELAND, FL 338011713 US

SUITE C

LAKELAND, FL 33803 US

Current Mailing Address: New Mailing Address:

830 N KENTUCKY AVE 1820 S FLORIDA AVE

LAKELAND, FL 338011713 US SUITE C

LAKELAND, FL 33803 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: Name and Address of New Registered Agent:

WHIPPLELEATHERWOOD, ANTHONY V WHIPPLELEATHERWOOD, ANTHONY V 830 N. KENTUCK AVE. 1820 S FLORIDA AVE

LAKELAND, FL 33801 US SUITE C LAKELAND, FL 33803 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 WHIPPLELEATHERWOOD 01/06/2010

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

JOHNSON, RICHARD Name:

Address: 1836 N CRYSTAL LAKE DR #21

City-St-Zip: LAKELAND, FL 33801

Title:

Name: RIHN, ROBERT

Address: 1815 CRYSTAL LAKE DR City-St-Zip: LAKELAND, FL 33801

Title:

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

Title:

Name: SMITH, GWENDOLYN E

Address: 646 G STREET

City-St-Zip: LAKE WALES, FL 33853 US

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: GWENDOLYN SMITH SEC 01/06/2010