

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39739

FILED  
May 03, 2006  
Secretary of State

Entity Name: DISTRICT TEN, INC.

**Current Principal Place of Business:**

820 S. FLORIDA AVENUE  
LAKELAND, FL 33801

**New Principal Place of Business:**

**Current Mailing Address:**

820 S. FLORIDA AVENUE  
LAKELAND, FL 33801

**New Mailing Address:**

FEI Number: 59-3027517      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:**

**Name and Address of New Registered Agent:**

RILEY, SUE  
820 S FLORIDA 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: WATSON, SHARON  
Address: 62 4TH ST NW  
City-St-Zip: WINTER HAVEN, FL

Title: T      ( ) Delete  
Name: WEST, ZELDA,  
Address: 5929 HIGHWAY 98 NORTH  
City-St-Zip: LAKELAND, FL

Title: D      ( ) Delete  
Name: DANTZLER, TODD  
Address: 62 4TH ST NW  
City-St-Zip: WINTER HAVEN, F

Title: D      ( ) Delete  
Name: TUBB, JOYCE  
Address: P.O. BOX 7083  
City-St-Zip: LAKELAND, FL 33807

Title: DVP      ( ) Delete  
Name: TYL, JANE  
Address: 62 4TH ST NW  
City-St-Zip: WINTER HAVEN, FL

**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:

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: KAREN SUE RILEY

CEO

05/03/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date