2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000000727

1. Entity Name
POLK COMPUTER USERS' GROUP, INC.

Principal Place of Business
PO BOX 90404
LAKELAND, FL 33804-0404 US

Mailing Address
PO BOX 90404
LAKELAND, FL 33804-0404 US

04182007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-3170958 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOOKS, WILBUR
5745 POINCIANA AVENUE
LAKELAND, FL 33809-3354

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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 changing) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000725820
05/03/07-80038-001 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CLAY, DALLAS
STREET ADDRESS	112 QUAILWOOD DR
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	VP1
NAME	CARPENTER, GLORIA
STREET ADDRESS	2955 S FLORAL AVE 312
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	SD
NAME	MCELHINNEY, ANNE
STREET ADDRESS	2316 CAROLINA AVENUE
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	TD
NAME	HOOKS, WILBUR
STREET ADDRESS	5745 POINCIANA AVENUE
CITY-ST-ZIP	LAKELAND, FL 338093354
TITLE	VPD
NAME	ANDERSON, RUTH
STREET ADDRESS	2348 S CRYSTAL LAKE DR
CITY-ST-ZIP	LAKELAND, FL 338016642
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Wilbur O. Hooks Wilbur O. Hooks April 19, 2007 (863) 858-3279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #