

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**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**



04112008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3170958</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**HOOKE, WILBUR  
5745 POINCIANA AVENUE  
LAKELAND, FL 33809-3354**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
CLAY, DALLAS  
112 QUAILWOOD DR  
WINTER HAVEN, FL 33880**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP1  
CARPENTER, GLORIA  
2955 S FLORAL AVE 312  
WINTER HAVEN, FL 33880**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
MCELHINNEY, ANNE  
2316 CAROLINA AVENUE  
LAKELAND, FL 33803**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
HOOKE, WILBUR  
5745 POINCIANA AVENUE  
LAKELAND, FL 338093354**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
ANDERSON, RUTH  
2348 S CRYSTAL LAKE DR  
LAKELAND, FL 338016642**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000897948  
04/25/08-80068-017 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**WILBUR HOOKE**

Date

**4-11-2008**

Daytime Phone

**(863) 858-3279**