

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002478

FILED
Jan 31, 2006
Secretary of State

Entity Name: FINANCING CORPORATION FOR THE SCHOOL BOARD OF POLK COUNTY, FLORIDA

Current Principal Place of Business:

1915 S FLORAL AVE
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 391
BARTOW, FL 33831 US

New Mailing Address:

FEI Number: 59-3189243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKINZIE, GAIL F
1915 SOUTH FLORAL AVENUE
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

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: O'REILLY, FRANK J
Address: 1915 S FLORAL AVE
City-St-Zip: BARTOW, FL 33830

Title: D () Delete
Name: SELLERS, HAZEL
Address: 1915 S FLORAL AVE
City-St-Zip: BARTOW, FL 33830

Title: D () Delete
Name: REDDOUT, BRENDA C
Address: 1915 S FLORAL AVE
City-St-Zip: BARTOW, FL 33830

Title: D () Delete
Name: LOFTON, MARGARET
Address: 1915 S FLORAL AVE
City-St-Zip: BARTOW, FL 33830

Title: C () Delete
Name: FIELDS, KAY
Address: 1915 S FLORAL AVE
City-St-Zip: BARTOW, FL 33830

Title: D () Delete
Name: ENGLISH, C. J.
Address: 1915 S FLORAL AVE
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: C (X) Change () Addition
Name: SELLERS, HAZEL
Address: 1915 S FLORAL AVE
City-St-Zip: BARTOW, FL 33830

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

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

Title: D (X) Change () Addition
Name: FIELDS, KAY
Address: 1915 S FLORAL AVE
City-St-Zip: BARTOW, FL 33830

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: GAIL F MCKINZIE

D

01/31/2006

Electronic Signature of Signing Officer or Director

Date