



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90229 049 \*\*\*\*61.25

<b>DOCUMENT # N93000002478</b>					
<b>1. Entity Name</b> FINANCING CORPORATION FOR THE SCHOOL BOARD OF POLK COUNTY, FLORIDA					
<b>Principal Place of Business</b> 1915 S FLORAL AVE BARTOW, FL 33830			<b>Mailing Address</b> POST OFFICE BOX 391 BARTOW, FL 33831 US		
<b>2. Principal Place of Business - No P.O. Box #</b> N/C		<b>3. Mailing Address</b> N/C			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04232007    Chg-NP    CR2E037 (12/06)	
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-3189243	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>NO</b>	
<b>6. Name and Address of Current Registered Agent</b>  MCKINZIE, GAIL F 1915 SOUTH FLORAL AVENUE BARTOW, FL 33830				<b>7. Name and Address of New Registered Agent</b>  Name: N/C Street Address (P.O. Box Number is Not Acceptable):  City: FL    Zip Code:	
<b>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.</b>  SIGNATURE: N/A    (NOTE: Registered Agent signature required when reinstating)    DATE:					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D O'REILLY, FRANK J 1915 S FLORAL AVE BARTOW, FL 33830	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	C SELLERS, HAZEL 1915 S FLORAL AVE BARTOW, FL 33830	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D SELLERS, HAZEL 1915 S FLORAL AVE BARTOW, FL 33830 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D REDDOUT, BRENDA C 1915 S FLORAL AVE BARTOW, FL 33830	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D LOFTON, MARGARET 1915 S FLORAL AVE BARTOW, FL 33830	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	C LOFTON, MARGARET 1915 S FLORAL AVE BARTOW, FL 33830 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D FIELDS, KAY 1915 S FLORAL AVE BARTOW, FL 33830	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D ENGLISH, C. J. 1915 S FLORAL AVE BARTOW, FL 33830	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D CUNNINGHAM, LORI 1915 S FLORAL AVE BARTOW, FL 33830 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Gail F. McKinzie</i>			4/23/07    863-519-8039		Date    Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Received by \_\_\_\_\_ Date \_\_\_\_\_