

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002478

FILED
Apr 27, 2010
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:

POST OFFICE BOX 391
BARTOW, FL 338310391 US

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:

MCKINZIE, GAIL F DR
1915 SOUTH FLORAL AVENUE
BARTOW, FL 33830 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: DR. GAIL F. MCKINZIE

04/27/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: CUNNINGHAM, LORI J
Address: 1915 S FLORAL AVE
City-St-Zip: BARTOW, FL 33830

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

Title: D
Name: TIM, HARRIS C
Address: 1915 S FLORAL AVE
City-St-Zip: BARTOW, FL 33830

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: KAY FIELDS

C

04/27/2010

Electronic Signature of Signing Officer or Director

Date