

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003167

FILED
Mar 23, 2009
Secretary of State

Entity Name: REAL ESTATE COUNCIL OF POLK COUNTY, INC.

Current Principal Place of Business:

141 EAST CENTRAL AVENUE
SUITE 450
WINTER HAVEN, FL 33880 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1396
WINTER HAVEN, FL 33882 US

New Mailing Address:

FEI Number: 59-3209090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHEELER, I. WESTON
141 EAST CENTRAL AVENUE
SUITE 450
WINTER HAVEN, FL 33880 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: PD () Delete
Name: WHEELER, I. WESTON
Address: P.O. BOX 1396
City-St-Zip: WINTER HAVEN, FL 33882 US

Title: TD () Delete
Name: ZELDIN, FELICE
Address: 9014 BRITTANY WAY
City-St-Zip: TAMPA, FL 33619 US

Title: VPD () Delete
Name: MILLER, RICHARD A
Address: P.O. BOX 8169
City-St-Zip: LAKE LAND, FL 33802 US

Title: SD () Delete
Name: JOHNSON WRIGHT, CHERI
Address: 154 AVENUE H, SE, SUITE 2
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: D () Delete
Name: TURNER, MARK
Address: 255 MAGNOLIA AVENUE SW
City-St-Zip: WINTER HAVEN, FL 33883 US

Title: D () Delete
Name: YOUNG, NEAL E
Address: 300 THIRD STREET NW
City-St-Zip: WINTER HAVEN, FL 33881 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: I. WESTON WHEELER

P

03/23/2009

Electronic Signature of Signing Officer or Director

Date