

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005584

FILED
Apr 26, 2004
Secretary of State**Entity Name:** FRIENDS OF THE POLK COUNTY PARKS FOUNDATION, INC.**Current Principal Place of Business:**515 E. BLVD.
BARTOW, FL 33830**New Principal Place of Business:****Current Mailing Address:**P O BOX 1391
BARTOW, FL 33831 US**New Mailing Address:****FEI Number:** 59-3238860**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ISAAC, LARRY
IMC
500 STATE RD 37 SOUTH
MULBERRY, FL 33860 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: LARRY, ISAAC
Address: IMC AGRICO CO, P.O. BOX 2000
City-St-Zip: MULBERRY, FL 33860

Title: VPD () Delete
Name: IMBODY, SUE
Address: 2120 GROVEGLEN LN S
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: MCDOUGALD, LARRY
Address: 169 OLD BARTOW RD., P.O. BOX 674
City-St-Zip: HOMELAND, FL

Title: S () Delete
Name: WILBUR, DEENA
Address: 4125 FOREST HILLS DR.
City-St-Zip: LAKELAND, FL 33813

Title: T () Delete
Name: STASIAK, ANITA
Address: 600 N BROADWAY
City-St-Zip: BARTOW, FL 33830

Title: D () Delete
Name: DANIELS, CLIFF
Address: 600 BROADWAY
City-St-Zip: BARTOW, FL 33830

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
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 for the exemption stated in Section 119.07(3)(i), 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: ANITA STASIAK

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04/26/2004

Electronic Signature of Signing Officer or Director_____
Date