

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005584

FILED
Apr 09, 2009
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:

WILBUR, DEENA
515 E BLVD ST
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: PD () Delete
Name: RYAN, MARIAN
Address: 515 EAST BOULEVARD ST
City-St-Zip: BARTOW, FL 33830

Title: VPD () Delete
Name: GUENTHER, DENNIS
Address: 610 N NASHUA AVE
City-St-Zip: FORT MEADE, FL 33841

Title: D () Delete
Name: HUMMEL, CINDY
Address: 119 WEST PARK ST
City-St-Zip: AUBURNDALE, FL 33823

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

Title: D () Delete
Name: SHIELDS, ROBBIE
Address: 3570 SILVER OAKS CT
City-St-Zip: LAKE WALES, FL 33898

Title: D () Delete
Name: BRE SCIA, PEGGY
Address: 596 PETE'S LN
City-St-Zip: DAVENPORT, FL 33837

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:

Title: SD (X) Change () Addition
Name: MURRAY, GAIL
Address: 2025 S FLORAL AVE
City-St-Zip: BARTOW, FL 33830

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: DEENA WILBUR

TREA

04/09/2009

Electronic Signature of Signing Officer or Director

Date