

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004847

FILED  
Jan 10, 2007  
Secretary of State

**Entity Name:** POLK COUNTY CRIME STOPPERS, INC.

**Current Principal Place of Business:**

811 E MAIN ST  
LAKELAND, FL 33801

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2681  
LAKELAND, FL 33806 US

**New Mailing Address:**

**FEI Number:** 59-3259825

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TOUCHTON, DAVID M  
811 E MAIN ST  
LAKELAND, FL 33801 US

**Name and Address of New Registered Agent:**

WILKERSON, WALKER D  
811 E MAIN ST  
LAKELAND, FL 33801 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: WALKER D. WILKERSON

01/10/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: TOUCHTON, DAVID M  
Address: P.O. BOX 1076  
City-St-Zip: LAKELAND, FL 33802

Title: VC ( ) Delete  
Name: FREEBERN, SUSAN  
Address: P.O. BOX 8162  
City-St-Zip: LAKELAND, FL 338028162

Title: V ( ) Delete  
Name: HART, BARBARA  
Address: 1936 GEORGE JENKINS BLVD  
City-St-Zip: LAKELAND, FL

Title: D (X) Delete  
Name: NISSEN III, NIS  
Address: 1037 S. FLORIDA AVENUE  
City-St-Zip: LAKELAND, FL

Title: P ( ) Delete  
Name: THRELKEL, JAMES  
Address: 1315 N. LAKE ELBERT DR.  
City-St-Zip: WINTER HAVEN, FL 33881

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: WILKERSON, WALKER D  
Address: P.O. BOX 1076  
City-St-Zip: LAKELAND, FL 33802

Title: D (X) Change ( ) Addition  
Name: FREEBERN, SUSAN  
Address: P.O. BOX 8162  
City-St-Zip: LAKELAND, FL 338028162

Title: D (X) Change ( ) Addition  
Name: HART, BARBARA  
Address: 1936 GEORGE JENKINS BLVD  
City-St-Zip: LAKELAND, FL

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 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: WALKER D. WILKERSON

T

01/10/2007

Electronic Signature of Signing Officer or Director

Date