
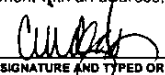


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90385 046 ****61.25

DOCUMENT # N95000001180 1. Entity Name IMPERIAL POLK ADVERTISING FEDERATION, INC.					
Principal Place of Business 6607 GREEN RD. LAKELAND, FL 33809			Mailing Address 6607 GREEN RD. LAKELAND, FL 33809		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03012006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-3318395	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRADLEY, LEROY 6607 GREEN RD. LAKELAND, FL 33809			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POWELL, ANNE		NAME	David Knepper	
STREET ADDRESS	62 FOURTH ST NW		STREET ADDRESS	300 W Lime Street	
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP	Lakeland FL 33815	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EK, CINDY		NAME	Gus Palas	
STREET ADDRESS	P.O. BOX 32021		STREET ADDRESS	210 E Pine Street	
CITY-ST-ZIP	LAKELAND, FL 33802		CITY-ST-ZIP	Lakeland FL 33801	
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	BOHANAN, JOHN		NAME		
STREET ADDRESS	1215 O DANIEL LOOP N		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33809		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		
NAME	SCOTT, MARY B		NAME		
STREET ADDRESS	701 WEST LIME ST.		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33815		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	PALAS, GUS		NAME		
STREET ADDRESS	P.O. BOX 8893		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33806		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		
NAME	LEE, CHRISTINA		NAME		
STREET ADDRESS	7700 STATE ROAD 544		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			3.24.06 (863) 413-8111		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		