

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90003 007 ****61.25

DOCUMENT # N95000001180

1. Entity Name
IMPERIAL POLK ADVERTISING FEDERATION, INC.



Principal Place of Business
**6607 GREEN RD.
LAKE LAND, FL 33809**

Mailing Address
**6607 GREEN RD.
LAKE LAND, FL 33809**

40031444



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02092007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3318395

Applied For
Not Applicable

Zio

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$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.
LAKE LAND, FL 33809**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
POWELL, ANNE
62 FOURTH ST NW
WINTER HAVEN, FL 33881** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
Powell, Anne
62 Fourth St NW
Winter Haven FL 33881** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PALAS, GUS
210 E PINE ST
LAKE LAND, FL 33801** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Burtz, Mona
1400 Maple Street
Lake land FL 33810** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BOHANAN, JOHN
1215 O DANIEL LOOP N
LAKE LAND, FL 33809** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Cullins, Lisa
495 E Summerlin Street
Bartow FL 33830** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
SCOTT, MARY B
701 WEST LIME ST.
LAKE LAND, FL 33815** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
Knepper, J David
300 W Lime Street
Lake land, FL 33815** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
KNEPPER, J. DAVID
300 W LIME ST
LAKE LAND, FL 33815** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
Knepper, J David
300 W Lime Street
Lake land, FL 33815** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
LEE, CHRISTINA
7700 STATE ROAD 544
WINTER HAVEN, FL 33381** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Lee Christina
1211 E Main Street
Lake land FL 33801** ☒ Change ☐ Addition

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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/07