

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001724

FILED  
Mar 10, 2009  
Secretary of State

**Entity Name:** POLK COUNTY EXTENSION CITRUS ADVISORY COMMITTEE, INC.

**Current Principal Place of Business:**

1702 HIGHWAY 17 SOUTH  
BARTOW, FL 33830 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 9005  
DRAWER HS03  
BARTOW, FL 33831 US

**New Mailing Address:**

**FEI Number:** 59-3311567      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

OSWALT, CHRIS  
1702 HIGHWAY 17 SOUTH  
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: THOMAS, KEVIN  
Address: 478 TERRA NOVA ST  
City-St-Zip: WINTER HAVEN, FL 33884

Title: VD ( ) Delete  
Name: BOHDE, BILL  
Address: POB 115  
City-St-Zip: ALTURAS, FL 33820

Title: TD ( ) Delete  
Name: ROE, G  
Address: POB 1652  
City-St-Zip: EAGLE LAKE, FL 33839

Title: TD (X) Delete  
Name: THOMAS, KEVIN  
Address: 478 TERRA NOVA ST.  
City-St-Zip: WINTER HAVEN, FL 33884

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

Title: PD (X) Change ( ) Addition  
Name: BOHDE, BILL  
Address: PO BOX 115  
City-St-Zip: ALTURAS, FL 33820

Title: VD (X) Change ( ) Addition  
Name: ROE, GEE  
Address: PO BOX 1652  
City-St-Zip: EAGLE LAKE, FL 33839

Title: TD (X) Change ( ) Addition  
Name: HUNT, DEELEY  
Address: PO BOX 631  
City-St-Zip: LAKE WALES, FL 33859

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BILL BOHDE

PD

03/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date