


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

02-12-2004 90027 004 ****61.25

DOCUMENT # N96000002470					
1. Entity Name EAST POLK COUNTY COMMITTEE OF 100, INC.					
Principal Place of Business 401 AVENUE B, N.W. WINTER HAVEN FL 33881		Mailing Address 401 AVENUE B, N.W. WINTER HAVEN FL 33881			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3444913	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORROW, RON 401 AVENUE B, NW WINTER HAVEN FL 33881			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW - FEE IS \$61.25 Due By May 1, 2004		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	S	<input type="checkbox"/> Delete	TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, CINDY		NAME	Price, Cindy	
STREET ADDRESS	P.O. BOX 271		STREET ADDRESS	P.O. Box 271	
CITY-ST-ZIP	WINTER HAVEN FL 33882		CITY-ST-ZIP	Winter Haven, FL 33882	
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LITTLETON, GREG		NAME	Graber, Ray	
STREET ADDRESS	1838 SR 60 B		STREET ADDRESS	1004 US Highway 92 W	
CITY-ST-ZIP	LAKE WALES FL 33853		CITY-ST-ZIP	Auburndale, FL 33823	
TITLE	VC	<input type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STHRESHLEY, PITZ		NAME	Sthreshley, Fitz	
STREET ADDRESS	8 N CHARLESRTON		STREET ADDRESS	8 N Charleston	
CITY-ST-ZIP	FORT MEADE FL 33841		CITY-ST-ZIP	Fort Meade FL 33841	
TITLE	I	<input checked="" type="checkbox"/> Delete	TITLE	I	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHURCH, SKIP		NAME	Campbell, E.M. "Jim"	
STREET ADDRESS	201 MAGNOLIA AVENUE SW		STREET ADDRESS	201 Avc A SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880		CITY-ST-ZIP	Winter Haven FL 33880	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAME, JOHN H		NAME		
STREET ADDRESS	325 S GLENCRUITEN AVE		STREET ADDRESS		
CITY-ST-ZIP	LAKE ALFRED FL 33850		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKERT, HOWARD		NAME	Cunningham, Lori	
STREET ADDRESS	525 POPE AVE NW		STREET ADDRESS	P.O. Box 986	
CITY-ST-ZIP	WINTER HAVEN FL 33881		CITY-ST-ZIP	Haines City, FL 33845	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>[Signature]</u>			Date: <u>3/4/04</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

66405678



MOORE CR2E037 (11/03)