

**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			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MORROW, RON 401 AVENUE B, NW WINTER HAVEN FL 33881				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 _____ 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 PRICE, CINDY <input type="checkbox"/> Delete		TITLE	VC Price, Cindy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	P.O. BOX 271		NAME	P.O. Box 271	
STREET ADDRESS	WINTER HAVEN FL 33882		STREET ADDRESS	Winter Haven, FL 33882	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	C LITTLETON, GREG <input checked="" type="checkbox"/> Delete		TITLE	S Graber, Ray <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	1838 SR 60 B		NAME	1004 US Highway 92 W	
STREET ADDRESS	LAKE WALES FL 33853		STREET ADDRESS	Auburndale, FL 33823	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VC STHRESHLEY, PITZ <input type="checkbox"/> Delete		TITLE	C Sthreshley, Fitz <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	8 N CHARLESRTON		NAME	B N Charleston	
STREET ADDRESS	FORT MEADE FL 33841		STREET ADDRESS	Fort Meade FL 33841	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	I CHURCH, SKIP <input checked="" type="checkbox"/> Delete		TITLE	I Campbell, E.M. "Jim" <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	201 MAGNOLIA AVENUE SW		NAME	201 AVE G SW	
STREET ADDRESS	WINTER HAVEN FL 33880		STREET ADDRESS	Winter Haven FL 33880	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D DAME, JOHN H <input type="checkbox"/> Delete		TITLE		
NAME	325 S GLENCRUITEN AVE		NAME		
STREET ADDRESS	LAKE ALFRED FL 33850		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D BECKERT, HOWARD <input checked="" type="checkbox"/> Delete		TITLE	D Cunningham, Lori <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	525 POPE AVE NW		NAME	P.O. Box 986	
STREET ADDRESS	WINTER HAVEN FL 33881		STREET ADDRESS	Haines City, FL 33845	
CITY-ST-ZIP			CITY-ST-ZIP		
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: Treasurer 3/4/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					