


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90039 010 ****61.25

| | |
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| 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 - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

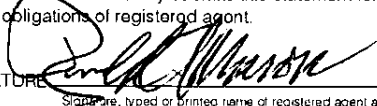
1st MOORE CR2E037 (10/06)

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|--|---|
| 4. FEI Number 59-3444913 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 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 | |

| | |
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| 7. Name and Address of New Registered Agent | |
| 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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

| | | |
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| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | 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 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| D PRICE, CINDY P.O. BOX 271 WINTER HAVEN FL 33882 | |
| C GRABER, RAY 1004 US HWY. 92 W AUBURNDALE FL 33823 | <input type="checkbox"/> Delete |
| D STHRESHLEY, FITZ 8 N CHARLESRTON FORT MEADE FL 33841 | <input checked="" type="checkbox"/> Delete |
| VC CAMPBELL, JIM 201 AVE G SW WINTER HAVEN FL 33880 | <input type="checkbox"/> Delete |
| S MILLER, GERALD R 197 E MOUNTAIN LAKE CUTT OFF RD LAKE WALES FL 33853 | <input type="checkbox"/> Delete |
| T DOUTHIT, JESSE 1400 BROAD WAY BLVD SE POLK CITY FL 33868 | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| D Graber, Ray 1004 US HWY 92 W Auburndale FL 33823 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| Treasurer Dodd, Robert 101 First Street South Winter Haven, FL 33880 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| Chairman Campbell, Jim 201 Ave G SW Winter Haven, FL 33880 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| Vice Chairman Miller, Gerald R. 197 E. Mountain Lake Cutt Off Rd. Lake Wales FL 33853 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| Secretary Douthit, Jesse 1400 Broad way Blvd SE Polk City FL 33868 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **E. M. Campbell Jr** 2/18/07
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #