2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9600002470

EAST POLK COUNTY COMMITTEE OF 100, INC.



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90539 018 ****61.25

							1105						
Principal Place of Business 401 AVENUE B, N.W. WINTER HAVEN FL 33881			Mailing Address 401 AVENUE B. N.W. WINTER HAVEN FL 33881				, josetiál 2+2 ra	611 8 8 4111 88771 88711 8	igişi galir i	(Č) (1 0) (Č) (10) (Č)	a li 48 11 /8#1		
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State				City & State				-4FEI-Number 5	9-3444913	جه ۴.	- 	plied For at Applicable	1
Zip Country			Zi	Zip Cou			5. Certificate of Status Desire			S8.75 Additional Fee Required			1
6. Name and Address of Current I				gistered Agent			7. Name and Address of New Registered Agent						Ì
						Name							1
MORROW, RON 401 AVENUE B, NW					ļ	Street Address (P.O. Box Number is Not Acceptable)							
WINTER I	HAVEN FL (33881											
ું -				·		City				F	Zip Cod	e	
	named entity	submits this statement fo	r the purp	oose of changing its	registere	d office or	register	ed agent, or both, in	the State of Flori	ida. I am	familiar with,	and accept	ļ
rie obligat	lions or registi	ered agent.										_	-
SIGNATURE .													
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if ap	plicable. (NOTE	Registered	Agent signatu	re required	when rainstating)		DATE	•		
FILE NOW: FEE IS \$61.25				9. Election Carr		\$5.00 May Be		Make Check Payable to				1	
				. Trust Fund C	ontributio	on. I		Added to Fees .	Florida	a Depa	rtment of S	State	1
10.		OFFICERS AND DIF	ECTORS	<u> </u>	11.			ADDITIONS/CHANG	ES TO OFFICER	S AND D	IRECTORS IN	10	
TITLE	PD			Delete	TITLE	T	Cha	irman			XX Change	☐ Addition	2
NAME	BURHCFIE	•			NAME	Į	Litt	tleton, Gre	g				3
STREET ADDRESS	i	IWY 27 NORTH				T ADDRESS	1838	8 SR 60 B					15
CITY-ST-ZIP		AVEN FL 33884				ST-ZIP		e Wales, FL	_33853				<u>ان</u>
TITLE	VD	LODEC		☐ Delete	TITLE			e Chairman			Change	☐ Addition	[8
NAME	LITTLETON 1838 SR 6	•		material management	NAME	T ADDRESS		reshley,Fi		~ # # -		=	٠
CITY-ST-ZIP		ES FL 33853				ST-ZIP		Charleston					
TITLE	C	2012 0000		☐ Delete	TITLE		-	t <u>Meade, FL</u> retary	_33841		XX Change	☐ Addition	١
NAME	STHRESH	.ey, pitz		□ beide	NAME	1		ce, Cindy			AAg		
STREET ADDRESS	8 N CHAR			;	STREE	T ADDRESS		. Box 271					
CITY-ST-ZIP	FORT MEA	DE FL 33841			CITY-	ST-ZIP		ter Haven,	FI. 33882				
TITLE	TD			Delete	TITLE			ector			Change	Addition 🗌	ļ
NAME	CHURCH,				NAME			e, John-					
STREET ADDRESS CITY-ST-ZIP	201 MAGNOLIA AVENUE SW WINTER HAVEN FL 33880			■ CITY CT_7ID				5 S. Glencruiten Ave.					ļ
	D D	AVEN PL 33880						e Alfred, F	L 33850 _			FT Address	ł
TITLE NAME	D Dame, Joi	HN H		Delete	TITLE NAME			ector	_		☐ Change	Addition	ĺ
STREET ADDRESS 325 S. GLENCRUITEN AVE.			ŀ		T ADDRESS	Beckert, Howard					ļ		
CITY-ST-ZIP LAKE ALFRED FL 33850					ST-ZIP		Pope Ave.					}	
TITLE	D			☐ Delete	TITLE			t er Haven, asurer	ru-33001		Change	Addition	
NAME	CLEAVES,	JUDY			NAME	4		rch, Skip			•	•	1
STREET ADDRESS	311 THIRD	STREET				T ADDRESS		Magnolia A	ve. SW				
CITY-ST-ZIP	WINTER H			ST-ZIP	Wint	er Haven,	FL-33880				ļ		
12. I hereby o	certify that the	information supplied with	this filing	does not qualify for	the exen	nption state	ed in Se	ction 119.07(3)(i), Fk	orida Statutes. I f	urther ce	ertify that the in	nformation	

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 rustee 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

Jan. 16, 2003

863-294-9454

Daytime Phone #