

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90214 001 ****69.41
04-25-2007 90214 002 *****.59

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DOCUMENT # N96000003239 1. Entity Name POLK COUNTY WORKFORCE DEVELOPMENT BOARD, INC.					
Principal Place of Business 500 E. LAKE HOWARD DR., SUITE 400 WINTER HAVEN, FL 33881			Mailing Address 500 E. LAKE HOWARD DR., SUITE 400 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		
6. Name and Address of Current Registered Agent LANG, THOMAS F SHUFFIELD, LOWMAN, & WILSON P.A. GATEWAY CENTER 1000 LEGION PL STE1700 ORLANDO, FL 32801			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATSON, PHYLLIS		NAME		
STREET ADDRESS	P.O. BOX 95448		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33804		CITY-ST-ZIP		
TITLE	CEVD <input checked="" type="checkbox"/> Delete		TITLE	CEVD <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILKERSON, MIKE		NAME		
STREET ADDRESS	600 N. BROADWAY AVE		STREET ADDRESS		
CITY-ST-ZIP	BARTOW, FL 33830		CITY-ST-ZIP		
TITLE	STD <input checked="" type="checkbox"/> Delete		TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WORTHINGTON, TERRY		NAME	Till, Dick	
STREET ADDRESS	P.O. BOX 1357		STREET ADDRESS	251 Avenue A SW	
CITY-ST-ZIP	HIGHLAND CITY, FL 33846		CITY-ST-ZIP	Winter Haven, FL 33880-2929	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STRANG, CARL		NAME	Tarr, Gary	
STREET ADDRESS	PO BOX 194		STREET ADDRESS	2222 Interstate Drive	
CITY-ST-ZIP	WINTER HAVEN, FL 33882		CITY-ST-ZIP	Lakeland, FL 33805	
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEDEN, MIKE		NAME	Stedem, Mike	
STREET ADDRESS	P.O. BOX 976		STREET ADDRESS	P. O. Box 976	
CITY-ST-ZIP	FORT MEADE, FL 33841		CITY-ST-ZIP	Fort Meade, FL 33841	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMMER, MARVIN		NAME		
STREET ADDRESS	2001 E F GRIFFIN RD		STREET ADDRESS		
CITY-ST-ZIP	BARTOW, FL 33830		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Phyllis Watson			4/24/07 <small>Date</small>		
			863-508-1600 <small>Daytime Phone #</small>		