

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003239

FILED
Feb 29, 2008
Secretary of State

Entity Name: POLK COUNTY WORKFORCE DEVELOPMENT BOARD, INC.

Current Principal Place of Business:

500 E. LAKE HOWARD DR., SUITE 400
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

500 E. LAKE HOWARD DR., SUITE 400
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 59-3385244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LANG, THOMAS F
SHUFFIELD, LOWMAN, & WILSON P.A.
GATEWAY CENTER 1000 LEGION PL STE1700
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: WATSON, PHYLLIS
Address: P.O. BOX 95448
City-St-Zip: LAKELAND, FL 33804

Title: STD () Delete
Name: TILL, DICK
Address: 251 AVE A SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: TARR, GARY
Address: 2222 INTERSTATE DR
City-St-Zip: LAKELAND, FL 33805

Title: D () Delete
Name: STEDEN, MIKE
Address: P.O. BOX 976
City-St-Zip: FORT MEADE, FL 33841

Title: D () Delete
Name: HAMMER, MARVIN
Address: 2001 E F GRIFFIN RD
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: RODGERS, REBECCA
Address: 2400 INTERSTATE DRIVE
City-St-Zip: LAKELAND, FL 33805

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WALKER, PHILLIP
Address: 3119 U S HIGHWAY 98 NORTH
City-St-Zip: LAKELAND, FL 33805

Title: D (X) Change () Addition
Name: MILLER, LARRY
Address: 9150 WEST LAKE RUBY DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REBECCA RODGERS

CD

02/29/2008

Electronic Signature of Signing Officer or Director

Date