

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003239

FILED  
Mar 27, 2009  
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:**

600 N. BROADWAY AVENUE  
B  
BARTOW, FL 33830

**Current Mailing Address:**

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

**New Mailing Address:**

600 N. BROADWAY AVENUE  
B  
BARTOW, FL 33830

**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: RODGERS, REBECCA  
Address: 2400 INTERSTATE DRIVE  
City-St-Zip: LAKELAND, FL 33805

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: WALKER, PHILLIP  
Address: 3119 U S HIGHWAY 98 NORTH  
City-St-Zip: LAKELAND, FL 33805

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: STACY CAMPBELL-DOMINECK

CEO

03/27/2009

Electronic Signature of Signing Officer or Director

Date