

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000659

FILED  
Feb 04, 2009  
Secretary of State

**Entity Name:** POLK COUNTY BETTER LIVING FOR SENIORS COALITION, INC.

**Current Principal Place of Business:**

1290 GULFVIEW  
BARTPW, FL 33831

**New Principal Place of Business:**

1290 GULFVIEW  
BARTOW, FL 33831

**Current Mailing Address:**

DRAWER HS07  
POST OFFICE BOX 9005  
BARTOW, FL 33831

**New Mailing Address:**

**FEI Number:** 59-3560555      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALLACE, DUANE R  
1064 CORVINA DR  
DAVENPORT, FL 33897      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: TD ( ) Delete  
Name: WALLACE, DUANE R  
Address: 1064 CORVINA DR  
City-St-Zip: DAVENPORT, FL 33897

Title: VD ( ) Delete  
Name: DUMONT, DAVID  
Address: 7102 MORNING DOVE CIRCLE  
City-St-Zip: LAKELAND, FL 33809

Title: SD ( ) Delete  
Name: GENOVESE, LESLIE  
Address: 250 MAGNOLIA AVE SW, SUITE 300  
City-St-Zip: WINTER HAVEN, FL 33880

Title: PD ( ) Delete  
Name: DUMONT, DAVID  
Address: 7102 MORNINA DOVE CIRCLE  
City-St-Zip: LAKELAND, FL 33809

Title: VD ( ) Delete  
Name: ROWLAND, TAMARA  
Address: 250 MAGNOLIA AVE SW, STE 300  
City-St-Zip: WINTER HAVEN, FL 33880

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: TD (X) Change ( ) Addition  
Name: WALLACE, DUANE R  
Address: 1064 CORVINA DR  
City-St-Zip: DAVENPORT, FL 33897

Title: D (X) Change ( ) Addition  
Name: BRUSER, CHRIS  
Address: 5000 CULBREATH KEY WAY # 1-112  
City-St-Zip: TAMPA, FL 33611

Title: SD (X) Change ( ) Addition  
Name: GENOVESE, LESLIE  
Address: 1001 CARPENTERS WAY  
City-St-Zip: LAKELAND, FL 33809

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

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

Title: D ( ) Change (X) Addition  
Name: POWELL, LARRY  
Address: 1131 FIRST ST. SOUTH  
City-St-Zip: WINTER HAVEN, FL 33880

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: DUANE R. WALLACE

TD

02/04/2009

Electronic Signature of Signing Officer or Director

Date