

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003292

FILED
Jan 24, 2007
Secretary of State

Entity Name: FAMILIES OF POLK COUNTY, INC.

Current Principal Place of Business:

595 WEST MAIN STREET
BARTOW, FL 33830 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 689
BARTOW, FL 33831 US

New Mailing Address:

FEI Number: 59-3453931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALLOCK, DAVID D.
1355 S ORANGE AVE
BARTOW, FL 33830 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: S () Delete
Name: BURKEY, KELLY
Address: 1146 JOSEPHINE ST.
City-St-Zip: LAKE LAND, FL 33815

Title: P () Delete
Name: BURKEY, DAVID
Address: 1146 JOSEPHINE ST
City-St-Zip: LAKE LAND, FL 33815

Title: D () Delete
Name: CARPENTER, BARBARA
Address: 1339 ROBERT KING HIGH DRIVE
City-St-Zip: LAKE LAND, FL 33805

Title: T () Delete
Name: HALLOCK, DAVID
Address: 1355 S ORANGE AVE.
City-St-Zip: BARTOW, FL 33830

Title: V () Delete
Name: HOLLOWAY, ANN
Address: 2626 HANDLEY BLVD..
City-St-Zip: LAKE LAND, FL 33803

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: V (X) Change () Addition
Name: HOLLOWAY, ANN
Address: 1810 ROCKY POINTE DR...
City-St-Zip: LAKE LAND, FL 33803

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID HALLOCK

T

01/24/2007

Electronic Signature of Signing Officer or Director

Date