

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000005756

1. Corporation Name

POLK COMPUTER LITERACY ASSOCIATION, INC.

Principal Place of Business
1100 LOWRY AVENUE #44
LAKELAND FL 33801

Mailing Address
P.O. BOX 3037
LAKELAND FL 33802

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90164 024 ****70.00

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/10/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3473348	
24 Country		29 Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

STILLWELL, MICHAEL R
1100 LOWRY AVENUE
SUITE 44
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD NOONAN, DARRELL 2123 MERSHON ST. LAKELAND FL 33815	1.1 TITLE	PD Bradley Crocks 1837 Creekwood Run Lakeland, FL 33809
NAME	NOONAN, DARRELL	1.2 NAME	Bradley Crocks
STREET ADDRESS	2123 MERSHON ST.	1.3 STREET ADDRESS	1837 Creekwood Run
CITY-ST-ZIP	LAKELAND FL 33815	1.4 CITY-ST-ZIP	Lakeland, FL 33809
TITLE	VD CROCKS, BRADLEY 1837 CREEKWOOD RUN LAKELAND FL 33809	2.1 TITLE	VD Jeremiah B. Miller 307 Lenox Street Lakeland, FL 33803
NAME	CROCKS, BRADLEY	2.2 NAME	Jeremiah B. Miller
STREET ADDRESS	1837 CREEKWOOD RUN	2.3 STREET ADDRESS	307 Lenox Street
CITY-ST-ZIP	LAKELAND FL 33809	2.4 CITY-ST-ZIP	Lakeland, FL 33803
TITLE	TD DUPREY, JEANNE 1364 SIVIRON DR. LAKELAND FL 33801	3.1 TITLE	
NAME	DUPREY, JEANNE	3.2 NAME	
STREET ADDRESS	1364 SIVIRON DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	3.4 CITY-ST-ZIP	
TITLE	SD DONADIO, REBECCA 102 LANDINGSWAY, APT. 3E WINTER HAVEN FL 33880	4.1 TITLE	SD Michaela Cody 1123 Walt Williams Rd. #5 Lakeland, FL 33809
NAME	DONADIO, REBECCA	4.2 NAME	Michaela Cody
STREET ADDRESS	102 LANDINGSWAY, APT. 3E	4.3 STREET ADDRESS	1123 Walt Williams Rd. #5
CITY-ST-ZIP	WINTER HAVEN FL 33880	4.4 CITY-ST-ZIP	Lakeland, FL 33809
TITLE	D DOWNES, DEBRA 1430 MORGANWOOD DR. LAKELAND FL 33801	5.1 TITLE	
NAME	DOWNES, DEBRA	5.2 NAME	
STREET ADDRESS	1430 MORGANWOOD DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	5.4 CITY-ST-ZIP	
TITLE	D STILLWELL, MICHAEL 1100 LOWRY AVE. #44 LAKELAND FL 33801	6.1 TITLE	
NAME	STILLWELL, MICHAEL	6.2 NAME	
STREET ADDRESS	1100 LOWRY AVE. #44	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeane Duprey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(941) 297-1069
Daytime Phone #

CR2E037 (11/98)