


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90469 027 ****61.25

DOCUMENT # N98000001717 1. Entity Name POLK GOLDEN CLUB OF THE DEAF, INC.					
Principal Place of Business WILLARD MADSEN 7383 BEAUMONT DR LAKE LAND, FL 33810			Mailing Address WILLARD MADSEN 7383 BEAUMONT DR LAKE LAND, FL 33810		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3509842	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MADSEN, WILLARD J 7383 BEAUMONT DR LAKE LAND, FL 33810				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FINE, DANIEL		NAME		
STREET ADDRESS	4444 US HWY 98 N LOT 757		STREET ADDRESS	1770 Fox Hill Drive	
CITY-ST-ZIP	LAKE LAND, FL 33809		CITY-ST-ZIP	33810	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENFIELD, ELMER		NAME	ZENI, Gene	
STREET ADDRESS	4747 N.R 33 LOT 150		STREET ADDRESS	1738 Fox Hill Drive	
CITY-ST-ZIP	LAKE LAND, FL 33805		CITY-ST-ZIP	LAKE LAND, FL 33810	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MADSEN, WILLARD		NAME		
STREET ADDRESS	7383 BEAUMONT DR		STREET ADDRESS		
CITY-ST-ZIP	LAKE LAND, FL 33810		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEN, THERESA		NAME		
STREET ADDRESS	5975 HIGH GLEN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LAKE LAND, FL 33813		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACKLIN, ALBERTA		NAME		
STREET ADDRESS	200 E ROBSONS #26		STREET ADDRESS		
CITY-ST-ZIP	LAKE LAND, FL 33805		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVINE, HAROLD		NAME		
STREET ADDRESS	1111 MARKSTOWN LANE		STREET ADDRESS		
CITY-ST-ZIP	LAKE LAND, FL 33811		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Willard J. Madsen / Willard J. Madsen</u> 4-27-05 863-815-7248 (T77) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					