


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90046 007 \*\*\*\*61.25

|                                                             |                                                                                   |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N98000001717</b>                              |  |
| 1. Entity Name<br><b>POLK GOLDEN CLUB OF THE DEAF, INC.</b> |                                                                                   |

|                                                                                                  |                                                                                      |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>WILLARD MADSEN<br/>7383 BEAUMONT DR<br/>LAKELAND, FL 33810</b> | Mailing Address<br><b>WILLARD MADSEN<br/>7383 BEAUMONT DR<br/>LAKELAND, FL 33810</b> |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|

|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |



01092007 Chg-NP CR2E037 (12/06)

|                                                           |  |                                                        |
|-----------------------------------------------------------|--|--------------------------------------------------------|
| 4. FEI Number<br><b>59-3509842</b>                        |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required                  |

|                                                                                                                         |  |                                                    |          |
|-------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|----------|
| 6. Name and Address of Current Registered Agent<br><b>MADSEN, WILLARD J<br/>7383 BEAUMONT DR<br/>LAKELAND, FL 33810</b> |  | 7. Name and Address of New Registered Agent        |          |
| Name                                                                                                                    |  | Name                                               |          |
| Street Address (P.O. Box Number is Not Acceptable)                                                                      |  | Street Address (P.O. Box Number is Not Acceptable) |          |
| City                                                                                                                    |  | City                                               | Zip Code |

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                             |                                                                                     |                                       |                                                             |
|---------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------|
| Filing Fee is \$61.25<br>Due by May 1, 2007 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be<br>Added to Fees | Make check payable to<br><b>Florida Department of State</b> |
|---------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                          |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>FINE, DANIEL<br>1770 FOX HILL DRIVE<br>LAKELAND, FL 33810<br><input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P<br>Lauricella, Frank<br>3131 Sugar Leaf Lane<br>Lakeland, FL 33810<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>ZENI, GENE<br>1738 FOX HILL DRIVE<br>LAKELAND, FL 33810<br><input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <br><br><br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>MADSEN, WILLARD<br>7383 BEAUMONT DR<br>LAKELAND, FL 33810<br><input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <br><br><br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>ALLEN, THERESA<br>5975 HIGH GLEN DRIVE<br>LAKELAND, FL 33813<br><input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <br><br><br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>MACKLIN, ALBERTA<br>200 E ROBSONS #26<br>LAKELAND, FL 33805<br><input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <br><br><br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>LEVINE, HAROLD<br>1111 MARKSTOWN LANE<br>LAKELAND, FL 33811<br><input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Auditor<br>Terry Frisby<br>6611 Cromwell Road<br>Lakeland, FL 33509-5603<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Willard J. Madsen Willard J. Madsen 2-14-07 (863) 915-7248  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 77402