02231999-90078-023-$61.25-$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
**1999**

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

**DOCUMENT # N98000003329**

1. Corporation Name

POLK COMMUNITY PRESCHOOLS ASSOCIATION, INC.

339610 - 90719 - 36

| Principal Place of Business | Mailing Address |
|---|---|
| 1200 34TH ST .W<br>WINTER HAVEN FL 33881 | 1200 34TH ST .W<br>WINTER HAVEN FL 33881 |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>**06/08/1998** |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-3541631 |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☐ |
| Zip     Country<br>24        25 | Zip     Country<br>29     30 | 6. Election Campaign Financing ☐<br>Trust Fund Contribution |

Applied For
Not Applicable
**$8.75** Additional Fee Required
**$5.00** May Be Added to Fees

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| DELAPORTE, LISA<br>1200 34TH ST .W<br>WINTER HAVEN FL 33881 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City          FL   85 Zip Code |

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 _____   DATE _____

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

| 12. OFFICERS AND DIRECTORS | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | President ☐ DELETE | 1.1 TITLE | V.P. | ☒ Change ☐ Addition |
| NAME | LISA L Delaporte | 1.2 NAME | Melanie Love | |
| STREET ADDRESS | 1200 34th St. NW | 1.3 STREET ADDRESS | 12003 4 St. N.W. | |
| CITY-ST-ZIP | Winter Haven FL 33881 | 1.4 CITY-ST-ZIP | Winter Haven, FL-33881 | D |
| TITLE | ☐ DELETE | 2.1 TITLE | Sec/Treasure | ☒ Change ☐ Addition |
| NAME | | 2.2 NAME | John W. Selph | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 1200 34TH ST. N.W. | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | Winter Haven, FL-33881 | D |
| TITLE | ☐ DELETE | 3.1 TITLE | Sec | ☐ Change ☒ Addition |
| NAME | | 3.2 NAME | Teresa Armstrong | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 1200 34th St. NW | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | Winter Haven, FL 33881 | |
| TITLE | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TITLE | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

CR2E037 (11/98)

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: ___SIGNATURE REQUIRED___   1/8/99   (941) 967-1384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #