2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003840

FILED Feb 18, 2011 Secretary of State

Entity Name: NORTHEAST POLK LITERACY COUNCIL, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O EAST AREA ADULT SCHOOL 300 E. BRIDGERS AVE AUBURNDALE, FL 33823

Current Mailing Address: New Mailing Address:

C/O EAST AREA ADULT SCHOOL 300 E. BRIDGERS AVE AUBURNDALE, FL 33823

FEI Number: 59-3553749 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BABLI, LINDA 1223 LAS BRISAS LN WINTER HAVEN, FL 33881 US

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: F

Name: QUINLAN, WILLIAM
Address: 2498 ST. AUGUSTINE BLVD.
City-St-Zip: HAINES CITY, FL 33844

Title: S

Name: SMITH, BROOKSIE

Address: C/O 300 E. BRIDGES AVENUE City-St-Zip: AUBURNDALE, FL 33823

Title:

 Name:
 BABLI, LINDA

 Address:
 1223 LAS BRISAS LN

 City-St-Zip:
 WINTER HAVEN, FL 33881

Title: [

Name: CAREY, ROBIN

Address: C/O NORTHEAST POLK LIT, 300 E BRIDGERS AVE

City-St-Zip: AUBURNDALE, FL 33823

Title: [

Name: GREEN, PENNY

Address: C/O NORTHEAST POLK LIT, 300 E BRIDGERS AVE

City-St-Zip: AUBURNDALE, FL 33823

Title: VPD

Name: MORALES, WANDA Address: 140 LAGOON RD

City-St-Zip: WINTER HAVEN, FL 33884

I hereby 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 all other like empowered.

SIGNATURE: LINDA BABLI MS. 02/18/2011