

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90247 034 \*\*\*\*61.25

**DOCUMENT # 711054**

1. Entity Name

**JUNIOR SERVICE LEAGUE OF BARTOW, INC.**



Principal Place of Business

P.O. BOX 1523  
BARTOW FL 33831  
US

Mailing Address

P.O. BOX 1523  
BARTOW FL 33831  
US

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

59-6200941

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**READY, ALISON S  
1619 TANGERINE STREET  
LAKELAND FL 33803**

7. Name and Address of New Registered Agent

Name

**Carolyn Presnell**

Street Address (P.O. Box Numbers Not Acceptable)

**1975 De Las Flores Ave.**

City

**Bartow**

**FL**

Zip Code  
**33830**

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

*Carolyn Presnell*

**Carolyn Presnell, President**

**4/13/04**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☒ Delete  
NAME **READY, ALISON S**  
STREET ADDRESS **1619 TANGERINE STREET**  
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **TD** ☒ Delete  
NAME **READY, ALISON**  
STREET ADDRESS **1619 TANGERINE STREET**  
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **VTP** ☒ Delete  
NAME **COUCHENOUR, KATHY**  
STREET ADDRESS **4047 HWY 60 EAST**  
CITY-ST-ZIP **BARTOW FL 33830**

TITLE **TD** ☒ Delete  
NAME **SPORLEDER, MELINDA**  
STREET ADDRESS **1040 80 FOOT ROAD**  
CITY-ST-ZIP **BARTOW FL 33830**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PTD** ☒ Change ☐ Addition  
NAME **Carolyn Presnell**  
STREET ADDRESS **1975 De Las Flores Ave.**  
CITY-ST-ZIP **Bartow, FL 33830**

TITLE **TD** ☒ Change ☐ Addition  
NAME **Carolyn Presnell**  
STREET ADDRESS **1975 De Las Flores Ave.**  
CITY-ST-ZIP **Bartow, FL 33830**

TITLE **VTP** ☒ Change ☐ Addition  
NAME **Marcia Brooks**  
STREET ADDRESS **1280 S. First Ave.**  
CITY-ST-ZIP **Bartow, FL 33830**

TITLE **TD** ☒ Change ☐ Addition  
NAME **Clarice Roth**  
STREET ADDRESS **2501 E. Lake Buffum Rd.**  
CITY-ST-ZIP **Ft. Meade, FL 33841**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

*Carolyn Presnell*

**Carolyn Presnell, President**

Date

Daytime Phone #

**883-285-1180**