

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 22, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

01-22-1999 90018 012 *****61.25

DOCUMENT # 713340

1. Corporation Name

BARTOW FOOD SERVICE CLUB, INC.

Principal Place of Business

2250 SOUTH FLORAL AVENUE
 BARTOW FL 33830

Mailing Address

2250 SOUTH FLORAL AVENUE
 BARTOW FL 33830



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

09/14/1967

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-1200556

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THACKREY, PATTY
720 S JACKSON AVE
BARTOW FL 33830

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** DELETE
 NAME **THACKREY, PATTY**
 STREET ADDRESS **720 S JACKSON AVENUE**
 CITY-ST-ZIP **BARTOW FL**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **STD** DELETE
 NAME **LAWN, BARBARA OWEN**
 STREET ADDRESS **2250 S. FLORAL**
 CITY-ST-ZIP **BARTOW FL**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **D** DELETE
 NAME **RENFROE, BILL**
 STREET ADDRESS **2155 PALMA CEIA COURT**
 CITY-ST-ZIP **BARTOW, FL 00000**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **D** DELETE
 NAME **ROUSE, FRANK ATTY**
 STREET ADDRESS **680 E MAIN ST**
 CITY-ST-ZIP **BARTOW FL**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE **D** DELETE
 NAME **DELEGGE, JOE**
 STREET ADDRESS **450 N. WILSON**
 CITY-ST-ZIP **BARTOW FL**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE **VD** DELETE
 NAME **BOHDE, FRED J**
 STREET ADDRESS **1175 E. GEORGE ST.**
 CITY-ST-ZIP **BARTOW FL**

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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:

Barbara Owen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-4-99

Daytime Phone #

941-534-0120

CR2E037 (1/198)