


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 713340
 1. Entity Name
BARTOW FOOD SERVICE CLUB, INC.



Principal Place of Business Mailing Address
2250 SOUTH FLORAL AVENUE **2250 SOUTH FLORAL AVENUE**
BARTOW FL 33830 **BARTOW FL 33830**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
59-1200556 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
THACKREY, PATTY
720 S JACKSON AVE
BARTOW FL 33830

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	PD	<input type="checkbox"/> Delete
NAME	THACKREY, PATTY	
STREET ADDRESS	720 S JACKSON AVENUE	
CITY - ST - ZIP	BARTOW FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LAWN, BARBARA OWEN	
STREET ADDRESS	2250 S. FLORAL	
CITY - ST - ZIP	BARTOW FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RENFROE, BILL	
STREET ADDRESS	2155 PALMA CEIA COURT	
CITY - ST - ZIP	BARTOW, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROUSE, FRANK ATTY	
STREET ADDRESS	680 E MAIN ST	
CITY - ST - ZIP	BARTOW FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELEGGE, JOE	
STREET ADDRESS	450 N. WILSON	
CITY - ST - ZIP	BARTOW FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOHDE, FRED J	
STREET ADDRESS	1175 E. GEORGE ST.	
CITY - ST - ZIP	BARTOW FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Barbara C. Lawn 1-25-05 554-0120
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #