

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90058 003 ***158.75

| | | |
|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # NO1000005051

1. Corporation Name

NEIGHBORHOOD IMPROVEMENT CORPORATION OF BARTOW

Principal Place of Business
790 WALDON AVENUE
BARTOW FL 33830

Mailing Address
790 WALDON AVENUE
BARTOW FL 33830

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1997

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

4. FEI Number

59-3443740

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**LEWIS, CLIFTON PAUL
790 WALDON AVENUE
BARTOW FL 33830**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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

TITLE ☐ DELETE
NAME **PMD**
STREET ADDRESS **LEWIS, CLIFTON PAUL**
CITY-ST-ZIP **790 WALDON AVENUE
BARTOW FL 33830**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **WATSON, GERALDINE**
CITY-ST-ZIP **1750 GIBBONS STREET
EAST BARTOW FL 33830**

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **MCCOY, GLORIA**
CITY-ST-ZIP **5928 MAY STREET
LAKELAND FL 33813**

TITLE ☐ DELETE
NAME **C**
STREET ADDRESS **REESE, ALBERT E**
CITY-ST-ZIP **1610 OLEANDER PL
BARTOW FL 33830**

TITLE ☐ DELETE
NAME **PAR**
STREET ADDRESS **BENTLY, CHARLES**
CITY-ST-ZIP **840 SE LA BOSQUE
BARTOW FL 33830**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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 607, 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:

Clifton Paul Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-99 **534-0100**
941-534-0100

CR2E034 (1/98)