


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90140 019 ****61.25

DOCUMENT # 703087	
1. Entity Name CRICKETTE CLUB OF BARTOW INC.	

Principal Place of Business 2250 S FLORAL AVE 1127 LONGWOOD OAKS BLVD LAKELAND, FL 33811 US	Mailing Address P. O. BOX 584 1127 LONGWOOD OAKS BLVD BARTOW, FL 33831 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03072005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1026551	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TRAINOR, RUTH C 1127 LONGWOOD OAKS BLVD LAKELAND, FL 33811		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 _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	IVD	<input checked="" type="checkbox"/> Delete		TITLE	IVP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RENEW, PAM			NAME	SYLVAIN JANICE		
STREET ADDRESS	4647 WESTON RD			STREET ADDRESS	6405 JACKSON AVE		
CITY-ST-ZIP	WINTER HAVEN, FL 33880			CITY-ST-ZIP	BARTOW FL 33830		
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SYLVAIN, JANICE			NAME	LOBB, TERRIE		
STREET ADDRESS	6405 JACKSON AVE			STREET ADDRESS	910 W STEWART ST.		
CITY-ST-ZIP	BARTOW, FL 33830			CITY-ST-ZIP	BARTOW FL 33830		
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LOBB, TERRIE			NAME	BROWN, CONNIE		
STREET ADDRESS	13655 FLORAL AVE			STREET ADDRESS	2814 WILLIAMS LANE		
CITY-ST-ZIP	BARTOW, FL 33830			CITY-ST-ZIP	LAKELAND FL 33813		
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TRAINOR, RUTH C			NAME			
STREET ADDRESS	1127 LONGWOOD OAKS BLVD			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 33811			CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	GRAVES, TERI	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DOBBERTAN, SANDY			NAME	P O BOX 574		
STREET ADDRESS	137 HOMEWOOD DR			STREET ADDRESS	FT MEADE FL 33841		
CITY-ST-ZIP	WINTER HAVEN, FL 33880			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: 	3-8-05	863-534-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #