

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90047 017 \*\*\*\*61.25

**DOCUMENT # 703087**

1. Entity Name  
**CRICKETTE CLUB OF BARTOW INC.**



Principal Place of Business  
**2250 S FLORAL AVE  
1127 LONGWOOD OAKS BLVD  
LAKE LAND, FL 33811 US**

Mailing Address  
**P. O. BOX 584  
1127 LONGWOOD OAKS BLVD  
BARTOW, FL 33831 US**

**40019834**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02152007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-1026551**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRAINOR, RUTH C  
1127 LONGWOOD OAKS BLVD  
LAKE LAND, FL 33811**

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

*Ruth C. Trainor*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 NAME STREET ADDRESS CITY - ST - ZIP	1VP LOBB, TERRIE 910 W. STEWART BARTOW, FL 33830	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BROWN, CONNIE 2814 WILLIAMS LN LAKE LAND, FL 33813	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NAVE, BETA 1960 DELAS FLORES AVE BARTOW, FL 33830	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD TRAINOR, RUTH C 1127 LONGWOOD OAKS BLVD LAKE LAND, FL 33811	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GRAVES, TERI P.O. BOX 576 FORT MEADE, FL 33841	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1VP CONNIE BROWN 2814 WILLIAM LANE LAKE LAND, FL 33813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BETH NAVE 1960 DE LOS FLORES AVE BARTOW FL 33830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JOAN LEWIS 3049 HOLLY ST. LAKE WALES, FL 33859	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SHARI MONEY PO BOX 92884 LAKE LAND FL 33804	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Ruth C. Trainor* **RUTH C. TRAINOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2-15-07**

Daytime Phone #

**863-534-0100**