

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711806

FILED
Apr 28, 2005
Secretary of State

Entity Name: BARTOW COMMUNITY HEALTHCARE FOUNDATION, INC.

Current Principal Place of Business:

1239, & 1241 & 1350 E MAIN ST
ATT EXECUTIVE DIRECTOR
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

P O BOX 877
BARTOW, FL 33831 US

New Mailing Address:

FEI Number: 59-0720320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, DONALD H JR
245 S CENTRAL AVE
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TREA () Delete
Name: MEARS, GEORGE
Address: 1375M N BROADWAY AVE
City-St-Zip: BARTOW, FL 33830

Title: PRES () Delete
Name: HOCH, JEFF
Address: 600 N BROADWAY
City-St-Zip: BARTOW, FL 33830

Title: VICE () Delete
Name: MCLEAN, DON
Address: 1570 S PALM PLACE
City-St-Zip: BARTOW, FL 33830

Title: SECT () Delete
Name: STIDHAM, ELLEN
Address: 305 E LENON STREET
City-St-Zip: BARTOW, FL 33830

Title: EXEC () Delete
Name: HINTON, BRIAN
Address: 220 EAST MAIN STREET
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SECT (X) Change () Addition
Name: STIDHAM, MARY ELLEN
Address: 305 E LEMON STREET
City-St-Zip: BARTOW, FL 33830

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN D HINTON

EXEC

04/28/2005

Electronic Signature of Signing Officer or Director

Date