

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90082 046 ****61.25

DOCUMENT # 712105

1. Entity Name
**THE ASSOCIATE REFORMED PRESBYTERIAN CHURCH,
INCORPORATED, OF BARTOW, FLORIDA**



Principal Place of Business
**205 EAST STANFORD
P O BOX 1411
BARTOW, FL 33830**

Mailing Address
**205 EAST STANFORD
P O BOX 1411
BARTOW, FL 33830**

40062904



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04082007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1464285

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CRAWFORD, HUGH C JR
1460 BOUGAINVILLEA WAY
BARTOW, FL 33830**

7. Name and Address of New Registered Agent

Name **JOHN OATES**

Street Address (P.O. Box Number is Not Acceptable)
1135 E. BOUGAINVILLEA WAY

City **BARTOW**

FL

Zip Code
33830

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

4/8/2007

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	VC	<input checked="" type="checkbox"/> Delete
NAME	ERNEST, COOPER W	
STREET ADDRESS	3520 GARRARD RD	
CITY-ST-ZIP	FORT MEADE, FL 33841	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOWLE, JOHN	
STREET ADDRESS	1803 IMPERIAL BLVD.	
CITY-ST-ZIP	BARTOW, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OATES, JOHN	
STREET ADDRESS	1135 E BOUGAINVILLEA WAY	
CITY-ST-ZIP	BARTOW, FL 33830	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEEKS, KENNETH	
STREET ADDRESS	175 CECILE COURT	
CITY-ST-ZIP	BARTOW, FL 33830	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHULTHEIS, TERRY	
STREET ADDRESS	6321 E. NEWMAN CIRCLE	
CITY-ST-ZIP	LAKELAND, FL 33811	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, JUSTIN B	
STREET ADDRESS	405 BARTOW BLVD	
CITY-ST-ZIP	BARTOW, FL 33830	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIM HARDEE	
STREET ADDRESS	1175 E. HIBISCUS	
CITY-ST-ZIP	BARTOW, FL 33830	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAYNE HARRISON	
STREET ADDRESS	1585 BOUGAINVILLEA WAY	
CITY-ST-ZIP	BARTOW, FL 33830	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK JAMES	
STREET ADDRESS	2101 DYNAMITE RD	
CITY-ST-ZIP	BARTOW, FL 33830	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORDON GREENE	
STREET ADDRESS	509 4TH STREET	
CITY-ST-ZIP	HOMELAND, FL 33847	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRIS WITMER	
STREET ADDRESS	1195 E. GEORGIA ST	
CITY-ST-ZIP	BARTOW, FL 33830	

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/07 863-646-4711

Date Daytime Phone #