## 2005 NOT-FOR-PROFIT CORPORATION

## Apr 29, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT #713107** 04-29-2005 90193 035 \*\*\*\*61.25 1. Entity Name ROTÁRY CLUB OF BARTOW, FLORIDA, INC. Principal Place of Business Mailing Address P O BOX 14 2250 S. FLORAL AVE BARTOW, FL 33830 BARTOW, FL 33830-0014 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262005 Chq-NP CR2E037 (10/03) City & State 4. FEI Number 59-6152311 Applied For City & State Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GEORBE T. DUNGAP TIDWELL, MARSHA S 8345 ALTURAS RD BARTOW, FL 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. Delete TITLE TITLE Change TIDWELL, MARSHA S NAME NAME P O BOX 1324 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BARTOW, FL 33831 CITY-ST-ZIP TITLE ☐ Addition TITLE Delete ☐ Change HARRISON, WAYNE NAME NAME 1585 S BOUGAINVILLEA WAY STREET ADDRESS STREET ADDRESS BARTOW, FL 33830 CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Channe Addition SESSIONS, CLIFF NAME NAME 1711 CEDAR RIDGE RD STREET ADDRESS STREET ADDRESS BARTOW, FL 33830 CfTY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE ROBERTS, SUSAN NAME STREET ADDRESS P O BOX 2037 STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33806 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition DEYOUNG, JOHN NAME NAME STREET ADDRESS 680 SQUARE LAKE DR. STREET ADDRESS CITY-ST-ZIP BARTOW, FL 33830 CITY-ST-7IP ☐ Change ☐ Detete ☐ Addition TITLE TITLE HARRIS, DAN NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Treasures SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

SESSIOMS

2544 CREWS LAKE HILL LOOP N

LAKELAND, FL 33813