

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90016 048 ****61.25

DOCUMENT # 713107 1. Entity Name ROTARY CLUB OF BARTOW, FLORIDA, INC.					
Principal Place of Business 2250 S. FLORAL AVE BARTOW, FL 33830 US			Mailing Address P O BOX 14 BARTOW, FL 33830-0014 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6152311	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUNLAP, III, GEORGE T 245 CENTRAL AVE S BARTOW, FL 33830				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>George T Dunlap III</i></u> 1-16-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STASIAK, ANITA 1048 COLONY PARK DR LAKELAND, FL 33313	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Cooper, Ernest
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TIDWELL, MARSHA S PO BOX 1324 BARTOW, FL 33831	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Sellers, Hazel 1490 De La Palma Bartow, FL 33830
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GLOSSICK, JOE 3668 JOSHUA LN LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Sessions, Cliff 1711 Cedar Ridge Rd Bartow, FL 33830
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBERTS, SUSAN P O BOX 2037 LAKELAND, FL 33806	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Witmer, Chris 1195 E. Georgia ST Bartow, FL 33830
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FARRIS, LINDA 1375 CLINTON ST BARTOW, FL 33830	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Griffis, John 1015 Hermosa Ave Bartow, FL 33830
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WICKMAN, ROBIN PO BOX 265 BARTOW, FL 33831	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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: <u><i>Hazel H. Sellers</i></u> Hazel H. Sellers 1-12-08 863-533-4392 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					