

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 SEP 15 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713340

1. Entity Name
BARTOW FOOD SERVICE CLUB, INC.



Principal Place of Business
2250 SOUTH FLORAL AVENUE
BARTOW, FL 33830

Mailing Address
2250 SOUTH FLORAL AVENUE
BARTOW, FL 33830



09122006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1200556

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THACKREY, PATTY
720 S JACKSON AVE
BARTOW, FL 33830

**DO NOT WRITE
IN THIS SPACE**

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, 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 September 15, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 Max
Added to Fees

500079940855
18/06--01018--005 **61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME THACKREY, PATTY
STREET ADDRESS 720 S JACKSON AVENUE
CITY-ST-ZIP BARTOW, FL

TITLE STD
NAME LAWN, BARBARA OWEN
STREET ADDRESS 2250 S. FLORAL
CITY-ST-ZIP BARTOW, FL

TITLE D
NAME RENFROE, BILL
STREET ADDRESS 2155 PALMA CEJA COURT
CITY-ST-ZIP BARTOW, FL 00000,

TITLE D
NAME ROUSE, FRANK ATTY
STREET ADDRESS 680 E MAIN ST
CITY-ST-ZIP BARTOW, FL

TITLE D
NAME DELEGGE, JOE
STREET ADDRESS 450 N. WILSON
CITY-ST-ZIP BARTOW, FL

TITLE VD
NAME BOHDE, FRED J
STREET ADDRESS 1175 E. GEORGE ST.
CITY-ST-ZIP BARTOW, FL

**DO NOT WRITE
IN THIS SPACE**

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:

Barbara Owen Lawn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-06

Date

Daytime Phone #

263-534-0120

9/15/06