2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 23, 2008 8:00 am Secretary of State

DOCUMENT # 713340 Entry Name BARTOW FOOD SERVICE CLUB, INC. Making Address 2250 SOUTH FLORAL AVENUE BARTOW, FL. 33830 2. Principal Place of Business 2250 SOUTH FLORAL AVENUE BARTOW, FL. 33830 2. Principal Place of Business Suite, Aprl. #, etc. Suite, Aprl. #, etc. Suite, Aprl. #, etc. Suite, Aprl. #, etc. Cry & State Chy & State Chy & State Chy & State Chy & State A. FE Number 2. Country 3. Mailing Address 4. FE Number 3-51-200556 3. To Read Address of Curront Registered Agent THACKREY PAPT Carlos Address of Curront Registered Agent That above named only submits risk statement for the purpose of changing its registered agent, or both, in the State of Florids. I am lamillar with the obligations of registered agent, or both, in the State of Florids. I am lamillar with the obligations of registered agent and address (P.O. Box Number is Not Acceptable) Byshrow, FL 33830 City Filling Fee is 841-25 Due by September 12, 2008 9. Ector Carnopign Pinancing 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. AND OFFICERS AND DIRECTORS 14. TO OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DI							CI CIUI	ry Or Sta	
225 SOUTH FLORAL AVENUE BARTOW, FL 33830 2. Principal Place of Business - No P.O. Box # 3. Malling Address Suite. Apt. #, etc. Suite. Apt. #, etc. O5202008 ChgNP CR2E037 (12/05) City & State City &	1. Entity Nam		05-23-2008 90018 028 ****61.						
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City & State Country City	Principal Place of Business - No P.O. Box # Mailing Address								
Signature Sign	Suite, Apt. #, etc. Suite, Apt. #, etc.					05202008 C	hg-NP	CR2E037 (12/06)	
6. Name and Address of Current Registered Agent THACKREY.PATTY 720 S JACKSON AVE BARTOW, FL 33830 City FL Signature Signature Signature Laborate Signature Registered Agent Name Signature Address (P.O. Box Number is Not Acceptable) Sire Address (P.O. Box Number is Not Acceptab	City & State		City & State				56	— — — — — — — — — — — — — — — — — — —	plied For t Applicable
THACKREY PAPTY 720 S JACKSON AVE 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 the obligations of registered agent. SIGNATURE Signature Signatu	Zíp	Country	Zip	Country		5. Certificate of S	tatus Desired	S8.75 Add Fee Require	itional d
THACKREY PATTY 720 S JACKSON AVE BARTOW, FL 33830 City Street Address (P.O. Box Number is Not Acceptable) City FL 21p Cc City FL 21p		6. Name and Address of Current I	Registered Agent			7. Name and Add	iress of New Re	gistered Agent	
BARTOW, FL 33830 Bartow, Fl 33830 City FL 21p Co City									
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent. SIGNATURE Signature. Use Company of printed name of registered agent and life if applicable. SIGNATURE Filling Fee is \$81.25 Due by September 12, 2008 P. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS TITLE THACKREY PATTY THACKREY PATTY THACKREY PATTY TO SIGNATURE THACKREY PATTY TO SHARDORESS CITY-ST-2P BARTOW EL Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS TITLE NAME STREET ADDRESS STREET ADDRES		El 33930	5. Floral Au W Fl 338:	Florax reve		T.O. DOX HORIZOT IO		<u>'</u>	
SIGNATURE Signature Signa			City FL Zip Code						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	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								
Due by September 12, 2008 Trust Fund Contribution. Added to Fees Florida Department of 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME THACKREY PATTY TO S JACKSON AVENUE STREET ADDRESS CITY-ST-ZIP TITLE NAME NEWELL, BARBARA STREET ADDRESS CITY-ST-ZIP BARTOW, FL 33830 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP BARTOW, FL 33830 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP BARTOW, FL 66000, TITLE NAME STREET ADDRESS CITY-ST-ZIP BARTOW, FL 66000, TITLE NAME ROUSE, FRANK ATTY STREET ADDRESS GITY-ST-ZIP BARTOW, FL 66000 Belete TITLE NAME STREET ADDRESS CITY-ST-ZIP BARTOW, FL 66000 Belete TITLE NAME STREET ADDRESS CITY-ST-ZIP BARTOW, FL 66000 Belete TITLE NAME STREET ADDRESS GITY-ST-ZIP BARTOW FL 660 E MAIN ST									
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STREET ADDRESS 1175 E. GEORGE ST.	NAME	BOHDE, FRED J	☐ Delete	NAME	₽0 \$°	esiden ame	オ	☐ Change	☐ Addition
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12. I hereby certify that the information supplied with this filling 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 attachagent with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

Build AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

Date

Date

Description Statutes and The process of the pro