


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-23-2008 90018 028 ****61.25

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
---	---

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40104517



05202008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1200556	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent THACKREY, PATTY 720 S JACKSON AVE BARTOW, FL 33830	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	---

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 Barbara C Newell DATE 5-20-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 12, 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																								
<table border="1"> <tr> <td>TITLE</td> <td>PD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>THACKREY, PATTY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>720 S JACKSON AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BARTOW, FL</td> <td></td> </tr> </table>	TITLE	PD	<input type="checkbox"/> Delete	NAME	THACKREY, PATTY		STREET ADDRESS	720 S JACKSON AVENUE		CITY-ST-ZIP	BARTOW, FL		<table border="1"> <tr> <td>TITLE</td> <td>Board Member</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE	Board Member	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete																							
NAME	THACKREY, PATTY																								
STREET ADDRESS	720 S JACKSON AVENUE																								
CITY-ST-ZIP	BARTOW, FL																								
TITLE	Board Member	<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>STD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NEWELL, BARBARA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2250 S FLORAL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BARTOW, FL 33830</td> <td></td> </tr> </table>	TITLE	STD	<input type="checkbox"/> Delete	NAME	NEWELL, BARBARA		STREET ADDRESS	2250 S FLORAL		CITY-ST-ZIP	BARTOW, FL 33830		<table border="1"> <tr> <td>TITLE</td> <td>Secy - Treas</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE	Secy - Treas	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete																							
NAME	NEWELL, BARBARA																								
STREET ADDRESS	2250 S FLORAL																								
CITY-ST-ZIP	BARTOW, FL 33830																								
TITLE	Secy - Treas	<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RENEROE, BILL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2155 PALMA CEIA COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BARTOW, FL 00000,</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	RENEROE, BILL		STREET ADDRESS	2155 PALMA CEIA COURT		CITY-ST-ZIP	BARTOW, FL 00000,		<table border="1"> <tr> <td>TITLE</td> <td>Board member</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Frank Johnson</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1035 N. Broadway</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Bartow, FL 33830</td> <td></td> </tr> </table>	TITLE	Board member	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Frank Johnson		STREET ADDRESS	1035 N. Broadway		CITY-ST-ZIP	Bartow, FL 33830	
TITLE	D	<input type="checkbox"/> Delete																							
NAME	RENEROE, BILL																								
STREET ADDRESS	2155 PALMA CEIA COURT																								
CITY-ST-ZIP	BARTOW, FL 00000,																								
TITLE	Board member	<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME	Frank Johnson																								
STREET ADDRESS	1035 N. Broadway																								
CITY-ST-ZIP	Bartow, FL 33830																								
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROUSE, FRANK ATTY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>680 E MAIN ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BARTOW, FL</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	ROUSE, FRANK ATTY		STREET ADDRESS	680 E MAIN ST		CITY-ST-ZIP	BARTOW, FL		<table border="1"> <tr> <td>TITLE</td> <td>Same Board member</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE	Same Board member	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	ROUSE, FRANK ATTY																								
STREET ADDRESS	680 E MAIN ST																								
CITY-ST-ZIP	BARTOW, FL																								
TITLE	Same Board member	<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DELEGGE, JOE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>450 N. WILSON</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BARTOW, FL</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	DELEGGE, JOE		STREET ADDRESS	450 N. WILSON		CITY-ST-ZIP	BARTOW, FL		<table border="1"> <tr> <td>TITLE</td> <td>Board</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Tim Murphy</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1650 N. Park Ave</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Bartow, FL 33830</td> <td></td> </tr> </table>	TITLE	Board	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Tim Murphy		STREET ADDRESS	1650 N. Park Ave		CITY-ST-ZIP	Bartow, FL 33830	
TITLE	D	<input type="checkbox"/> Delete																							
NAME	DELEGGE, JOE																								
STREET ADDRESS	450 N. WILSON																								
CITY-ST-ZIP	BARTOW, FL																								
TITLE	Board	<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME	Tim Murphy																								
STREET ADDRESS	1650 N. Park Ave																								
CITY-ST-ZIP	Bartow, FL 33830																								
<table border="1"> <tr> <td>TITLE</td> <td>VD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BOHDE, FRED J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1175 E. GEORGE ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BARTOW, FL</td> <td></td> </tr> </table>	TITLE	VD	<input type="checkbox"/> Delete	NAME	BOHDE, FRED J		STREET ADDRESS	1175 E. GEORGE ST.		CITY-ST-ZIP	BARTOW, FL		<table border="1"> <tr> <td>TITLE</td> <td>President</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Same Name</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Same Name		STREET ADDRESS			CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete																							
NAME	BOHDE, FRED J																								
STREET ADDRESS	1175 E. GEORGE ST.																								
CITY-ST-ZIP	BARTOW, FL																								
TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME	Same Name																								
STREET ADDRESS																									
CITY-ST-ZIP																									

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 C Newell Secy Treas. 5-20-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #