

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713340

FILED
Mar 11, 2009
Secretary of State

Entity Name: BARTOW FOOD SERVICE CLUB, INC.

Current Principal Place of Business:

2250 SOUTH FLORAL AVENUE
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

2250 SOUTH FLORAL AVENUE
BARTOW, FL 33830

New Mailing Address:

815 MANN ROAD
BARTOW, FL 33830

FEI Number: 59-1200556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWELL, BARBARA C
2250 S. FLORAL AVE
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

NEWELL, BARBARA C
815 MANN ROAD
BARTOW, FL 33830 US

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.

SIGNATURE: BARBARA NEWELL

03/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: BM () Delete
Name: THACKREY, PATTY
Address: 720 S JACKSON AVENUE
City-St-Zip: BARTOW, FL

Title: S/T () Delete
Name: NEWELL, BARBARA
Address: 2550 S FLORAL
City-St-Zip: BARTOW, FL 33830

Title: BM () Delete
Name: JOHNSON, FRANK
Address: 1035 N. BROADWAY
City-St-Zip: BARTOW, FL 33830

Title: BM () Delete
Name: ROUSE, FRANK ATTY
Address: 680 E. MAIN ST
City-St-Zip: BARTOW, FL 33830

Title: BM () Delete
Name: MURPHY, TIM
Address: 1650 N. PARK AVE
City-St-Zip: BARTOW, FL 33830

Title: P () Delete
Name: BOHDE, FRED J
Address: 1175 E. GEORGE ST.
City-St-Zip: BARTOW, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA NEWELL

S/T

03/11/2009

Electronic Signature of Signing Officer or Director

Date