

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 713340

**FILED**  
**Jan 04, 2012**  
**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:**

815 MANN ROAD  
BARTOW, FL 33830

**New Mailing Address:**

**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  
815 MANN ROAD  
BARTOW, FL 33830 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: BARBARA NEWELL

RA

01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date