

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90027 013 \*\*\*\*70.00

**DOCUMENT # 726987**

1. Entity Name

**BARTOW YOUTH FOOTBALL BOOSTERS' CLUB, INC.**



Principal Place of Business

Mailing Address

**TOMMY WALKER FIELD  
ST. RD. 555  
BARTOW FL 33830**

**1503 RICHMOND RD.  
LAKELAND FL 33801**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

**59-2962038**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEBSTER, FRANK  
1503 RICHMOND RD.  
LAKELAND FL 33801**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE-NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**P  
WEBSTER, FRANK  
1503 RICHMOND RD.  
LAKELAND FL 33801** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**V/T  
HALL, TALLY  
3110 RIVER OAK DR.  
BARTOW FL 33830** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**VP  
Phil Hadden  
6600 Hwy 60 E  
Bartow FLA 33830** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**S  
TOWNES, CONNIE  
3923 PELICAN CT  
LAKELAND FL 33813** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**D  
STRETTON, DON  
640 PINECREST  
BARTOW FL 33830** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**D  
HADDEN, PHIL  
6600 HWY 60 E  
BARTOW FL 33830** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**D  
JOE Townes  
3923 Pelican Ct.  
Lakeland, FL 33813** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**D  
WASHINGTON, GARETH  
795 BAKER AVE  
BARTOW FL 33830** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Frank Webster* **Frank WEBSTER** 4-27-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863-640-5217  
863-667-3372