

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90245 039 ****61.25

DOCUMENT # 7355371. Entity Name
BARTOW BOARD OF REALTORS, INC.Principal Place of Business
1510 N PARK ST.
BARTOW, FL 33830 USMailing Address
P O BOX 551
BARTOW, FL 33830 US

13003062



04262005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-6151037Applied For
Not Applicable5. 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

LAURENT, JOHN F.
650 EAST DAVIDSON
BARTOW, FL 33830

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 reinstating)

DATE

Filing Fee Is \$61.25
Due by May 1, 20059. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to FeesMake check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
BREWER, SUSAN
1510 N PARK AVE
BARTOW, FL 33830 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
NELSON, NELL
PO BOX 1246
BARTOW, FL 33831 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WYNN, SUZANNE
155 E. MAIN ST.
BARTOW, FL 33830 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
BARNETT, JUDITH
155 E MAIN STREET
BARTOW, FL 33830 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GUFFEY, KAREN
125 E. MAIN ST.
BARTOW, FL 33830 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Susan S Brewer SUSAN S BREWER

4-25-05/863-534-1774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #