


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90325 003 \*\*\*\*61.25

<b>DOCUMENT # 748957</b> 1. Entity Name <b>ZONTA CLUB OF BARTOW, INC.</b>					
Principal Place of Business <b>1840 S MARGARET</b> <b>BARTOW, FL 33830 US</b>			Mailing Address <b>1840 S MARGARET</b> <b>BARTOW, FL 33830 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>JONES, JANICE M</b> <b>845 DE LA BOSQUE</b> <b>190 SOUTH BROADWAY</b> <b>BARTOW, FL 33830</b>			Name <b>SELLERS, HAZEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>1990 De La Palma</b> City <b>BARTOW</b> <b>FL</b> Zip Code <b>33830</b>		
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 <u><i>Hazel H. Sellers, CHAIRMAN</i></u> <span style="float: right;">4-15-05</span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>JONES, BECKY</b> <b>P.O. BOX 4</b> <b>HIGHLAND CITY, FL 33846</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JONES, BECKY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7014 GRAND RIVER DRIVE</b> <b>TAMPA, FL 33619</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>FRISBIE, MARY G</b> <b>1840 S MARGARET AVENUE</b> <b>BARTOW, FL 33830</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FRISBIE, MARY G.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1840 S. MARGARET AVENUE</b> <b>BARTOW, FL 33830</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>WRIGHT, PATRICIA R</b> <b>1105 S WOODLAWN AVENUE</b> <b>BARTOW, FL 33830</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD WRIGHT, PATRICIA R.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1105 S. WOODLAWN AVENUE</b> <b>BARTOW, FL 33830</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUMBERT, CHRISTINA</b> <b>3829 WHITEDOVE DRIVE</b> <b>LAKELAND, FL 33813</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HUMBERT, CHRISTINA</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>3829 WHITEDOVE DRIVE</b> <b>LAKELAND, FL 33813</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JORDAN, PAMELA</b> <b>3837 WHITEDOVE DRIVE</b> <b>LAKELAND, FL 33813</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD JORDAN, PAMELA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3837 WHITEDOVE DRIVE</b> <b>LAKELAND, FL 33813</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>TILL, WILMA</b> <b>1090 SOUTH BROADWAY</b> <b>BARTOW, FL 33830</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD TILL, WILMA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1090 SOUTH BROADWAY</b> <b>BARTOW, FL 33830</b>	

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:** *Patricia R. Wright, TREASURER* 4-15-05 863/533-2566  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #