

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 14, 2006 8:00 am
Secretary of State

09-14-2006 90001 041 ****61.25

DOCUMENT # 766607

1. Entity Name
THE BARTOW ROTARY FOUNDATION, INC.



Principal Place of Business
% GEORGE T. DUNLAP, III
245 S CENTRAL AVE
BARTOW, FL 33830 US

Mailing Address
% GEORGE T. DUNLAP, III
PO BOX 14
BARTOW, FL 33831 US

60038910



09072006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2298197

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

DUNLAP, GEORGE T. III
245 S CENTRAL AVE
BARTOW, FL 33830

**DO NOT WRITE
IN THIS SPACE**

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 September 15, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JOHNSON, BEN W 1675 S HIBISCUS DR BARTOW, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JENNINGS, TOM 2 LAKE HOWARD DR. EAST WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEYOUNG, JOHN 680 SQUARE LAKE DR. BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WICKMAN, ROBIN 1110 LAKE POINT DR LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUTTO, JOHN L 1165 EAST GEORGE STREET BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY - ST - ZIP	See attached

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

R.L. Wickman **R.L. WICKMAN** 9-11-06 863-533-0777

Page 2 Baitai Rotary Foundation

ATTACHMENT

60038910

2006 ADDITION TO DOCUMENT #766607

PD	Joe Glossick	Add
VP/D	Wayne Harrison	Add
T/D	Robin Wickman	Change
D	John DeYoung	Delete
D	John Hutto	Delete
D	Tom Jennings	Delete
D	Kelly Hardwick	Add
D	Carl Gene Meier	Add
D	Marsha Tidwell	Add