

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-30-2007 90799 001 \*\*\*122.50  
766607

FILED

07 MAY -3 PM 4: 19

CLERK OF STATE  
TALLAHASSEE, FLORIDA  
66012089

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

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

02072007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

DUNLAP, GEORGE T., III  
245 S CENTRAL AVE  
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 translating)

DATE

Filing 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          | PD                      | <input type="checkbox"/> Delete |
| NAME           | JOE. GLOSSICK           |                                 |
| STREET ADDRESS | 1675 S HIBISCUS DR      |                                 |
| CITY-ST-ZIP    | BARTOW, FL              |                                 |
| TITLE          | VPD                     | <input type="checkbox"/> Delete |
| NAME           | WAYNE. HARRISON         |                                 |
| STREET ADDRESS | 2 LAKE HOWARD DR. EAST  |                                 |
| CITY-ST-ZIP    | WINTER HAVEN, FL 33881  |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | CARL. MEIER G           |                                 |
| STREET ADDRESS | 680 SQUARE LAKE DR.     |                                 |
| CITY-ST-ZIP    | BARTOW, FL 33830        |                                 |
| TITLE          | TD                      | <input type="checkbox"/> Delete |
| NAME           | WICKMAN, ROBIN          |                                 |
| STREET ADDRESS | 1110 LAKE POINT DR      |                                 |
| CITY-ST-ZIP    | LAKELAND, FL 33813      |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | MARSHA. TIDWELL         |                                 |
| STREET ADDRESS | 1165 EAST GEORGE STREET |                                 |
| CITY-ST-ZIP    | BARTOW, FL 33830        |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

|                |                          |                                                                              |
|----------------|--------------------------|------------------------------------------------------------------------------|
| TITLE          |                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 3668 Joshua Lane         |                                                                              |
| STREET ADDRESS | Lakeland, FL             |                                                                              |
| CITY-ST-ZIP    | 33813                    |                                                                              |
| TITLE          |                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 1585 S. Bargainville Way |                                                                              |
| STREET ADDRESS | Bartow, FL               |                                                                              |
| CITY-ST-ZIP    | 33830                    |                                                                              |
| TITLE          |                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Po Box 245               |                                                                              |
| STREET ADDRESS | Bartow FL                |                                                                              |
| CITY-ST-ZIP    | 33831                    |                                                                              |
| TITLE          |                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Po Box 1324              |                                                                              |
| STREET ADDRESS | Bartow, FL               |                                                                              |
| CITY-ST-ZIP    | 33831                    |                                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |

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: *Marsha Tidwell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #