

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766607

FILED
Mar 10, 2009
Secretary of State

Entity Name: THE BARTOW ROTARY FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2298197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARL, MEIER G
Address: 680 SQUARE LAKE DR.
City-St-Zip: BARTOW, FL 33830

Title: TD () Delete
Name: WICKMAN, ROBIN
Address: P.O. BOX 265
City-St-Zip: BARTOW, FL 33831

Title: D () Delete
Name: MARSHA, TIDWELL
Address: P.O. BOX 1324
City-St-Zip: BARTOW, FL 33831

Title: PD () Delete
Name: HARDWICK, KELLY III
Address: POB 778
City-St-Zip: BARTOW, FL 33831

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: WICKMAN, ROBIN
Address: P.O. BOX 628
City-St-Zip: BARTOW, FL 33831

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: JENNINGS, THOMAS III
Address: TWO EAST LAKE HOWARD R
City-St-Zip: WINTER HAVEN, FL 33881

Title: PD () Change (X) Addition
Name: STASIAK, ANITA
Address: 1048 COLONG PARK DR
City-St-Zip: LAKE LAND, FL 33813

Title: VPD () Change (X) Addition
Name: LAWRENCE, DAMON
Address: 1580 OLEANDER PL
City-St-Zip: BARTOW, FL 33830

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN WICKMAN

T

03/10/2009

Electronic Signature of Signing Officer or Director

Date