

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005051

FILED  
Jan 15, 2009  
Secretary of State

**Entity Name:** NEIGHBORHOOD IMPROVEMENT CORPORATION OF BARTOW

**Current Principal Place of Business:**

790 WALDON AVE  
BARTOW, FL 33830

**New Principal Place of Business:**

470 SECOND AVENUE  
BARTOW, FL 33830

**Current Mailing Address:**

790 WALDON AVE  
BARTOW, FL 33830

**New Mailing Address:**

470 SECOND AVENUE  
BARTOW, FL 33830

**FEI Number:** 59-3443740

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LEWIS, CLIFTON P  
790 WALDON 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: PMD ( ) Delete  
Name: LEWIS, CLIFTON P  
Address: 790 WALDON AVE  
City-St-Zip: BARTOW, FL 33830

Title: T ( ) Delete  
Name: SAMS, PAMELA  
Address: 965 FOREST DRIVE  
City-St-Zip: EAST BARTOW, FL 33830

Title: S ( ) Delete  
Name: MCCOY, GLORIA  
Address: 860 WALDON AVE  
City-St-Zip: BARTOW, FL 33830

Title: D ( ) Delete  
Name: JONES, DERYL  
Address: 785 BAKER AVE  
City-St-Zip: BARTOW, FL 33830

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: T (X) Change ( ) Addition  
Name: SAMS, PAMELA  
Address: 965 FOREST DRIVE  
City-St-Zip: BARTOW, FL 33830

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

Title: D (X) Change ( ) Addition  
Name: MARY, BRYANT  
Address: 1310 KING STREET  
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: CLIFTON P. LEWIS

PRES

01/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date