

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90465 039 ****70.00

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1. Entity Name
**WEST BARTOW FRONT PORCH REVITALIZATION
COUNCIL INC.**



Principal Place of Business
**925 WEST POLK ST
BARTOW, FL 33830**

Mailing Address
**P.O. BOX 726
BARTOW, FL 33831**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302004

Chg-NP

CR2E037 (10/03)

4. FEI Number
01-0662412

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

**BURGESS, CARL J
1005 POLK STREET
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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

**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 C ☐ Delete
NAME STEPHENS, DELPHINN
STREET ADDRESS 720 BAKER AVE
CITY-ST-ZIP BARTOW, FL 33830

TITLE ASSISTANT TREASURER ☐ Change ☒ Addition
NAME LEROY JOE, JR
STREET ADDRESS 1310 Austin Street
CITY-ST-ZIP Bartow, FL 33830

TITLE VC ☐ Delete
NAME STEPHENS, RUFUS
STREET ADDRESS 750 N BAKER AVE
CITY-ST-ZIP BARTOW, FL 33830

TITLE D ☐ Change ☒ Addition
NAME STANLEY JONES
STREET ADDRESS 640 Waldon Avenue
CITY-ST-ZIP Bartow, FL 33830

TITLE S ☐ Delete
NAME HARRIS, ZELMA
STREET ADDRESS 2863 DUDLEY DR
CITY-ST-ZIP BARTOW, FL 33830

TITLE D ☐ Change ☒ Addition
NAME JOHN MAXWELL
STREET ADDRESS 920 Childs Avenue
CITY-ST-ZIP Bartow, FL 33830

TITLE T ☐ Delete
NAME STEPHENS, ROLAND
STREET ADDRESS 1340 DOROTHY ST
CITY-ST-ZIP BARTOW, FL 33830

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BURGESS, CELIA M
STREET ADDRESS 595 WALDON AVE
CITY-ST-ZIP BARTOW, FL 33830

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FORSETT, EDDIE M
STREET ADDRESS 960 BAKER AVE
CITY-ST-ZIP BARTOW, FL 33830

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rufus Stephens

30 April 2004