

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004727

FILED
Apr 30, 2007
Secretary of State

Entity Name: WEST BARTOW FRONT PORCH REVITALIZATION COUNCIL INC.

Current Principal Place of Business:

925 WEST POLK ST
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 726
BARTOW, FL 33831

New Mailing Address:

FEI Number: 01-0662412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURGESS, CARL J
925 POLK STREET
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: C () Delete
Name: STEPHENS, RUFUS
Address: 750 N. BAKER AVE
City-St-Zip: BARTOW, FL 33830 US

Title: VC () Delete
Name: JONES, T J
Address: 1145 AUSTIN STREET
City-St-Zip: BARTOW, FL 33830 US

Title: S () Delete
Name: WHITFIELD, LINDA
Address: 885 RUBY AVENUE
City-St-Zip: BARTOW, FL 33830 US

Title: T () Delete
Name: STEPHENS, ROLAND
Address: 1340 DOROTHY ST
City-St-Zip: BARTOW, FL 33830 US

Title: A T () Delete
Name: MAXWELL, JOHN
Address: 920 CHILDS AVENUE
City-St-Zip: BARTOW, FL 33830 US

Title: D () Delete
Name: MITCHELL, BEATRICE
Address: 970 ROSS AVENUE
City-St-Zip: BARTOW, FL 33830 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: WHITFIELD, LINDA
Address: 885 RUBY AVE
City-St-Zip: BARTOW, FL 33830 US

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

Title: T (X) Change () Addition
Name: MARION, JESSIE
Address: 900 MAPLE AVE
City-St-Zip: BARTOW, FL 33830 US

Title: AT (X) Change () Addition
Name: STEPHENS, ROLAND
Address: 1340 DOROTHY ST
City-St-Zip: BARTOW, FL 33830 US

Title: D (X) Change () Addition
Name: GHENT, LILLIE
Address: 920 CROWN AVENUE
City-St-Zip: BARTOW, FL 33830 US

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

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: LINDA WHITFIELD

C

04/30/2007

Electronic Signature of Signing Officer or Director

Date