


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # N03000010561 1. Entity Name BARTOW YOUTH FAIR SUPPORTERS, INC. |  |
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| Principal Place of Business POST OFFICE BOX 524 BARTOW, FL 33831 | Mailing Address POST OFFICE BOX 524 BARTOW, FL 33831 |
|--|--|

DO NOT WRITE IN THIS SPACE



04082005 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

MILLER, KEITH D ESQ.
245 SOUTH CENTRAL AVENUE
BARTOW, FL 33830

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CLEMENTS, JAMES F POST OFFICE BOX 524 BARTOW, FL 33831 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD GRUBBS, GEORGE 205-1/2 SOUTH BROADWAY BARTOW, FL 33830 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD NELSON, NELL 1510 NORTH BROADWAY BARTOW, FL 33830 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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04/15/05-80054-006 61.25

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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 an other like empowered.

SIGNATURE: James F. Clements 4-8-05 863-537-1354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #