

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000010561

1. Entity Name
BARTOW YOUTH FAIR SUPPORTERS, INC.



Principal Place of Business
**POST OFFICE BOX 524
BARTOW, FL 33831**

Mailing Address
**POST OFFICE BOX 524
BARTOW, FL 33831**



03282006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

CR # 389
4-28-06 Filing Fee is \$61.25
Due by May 1, 2006
92c

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLEMENTS, JAMES F POST OFFICE BOX 524 BARTOW, FL 33831
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRUBBS, GEORGE 205-1/2 SOUTH BROADWAY BARTOW, FL 33830
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NELSON, NELL 1510 NORTH BROADWAY BARTOW, FL 33830
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000548857
05/12/06-90081-006 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 517, 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: James F. Clements **4-28-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #