

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006194

FILED  
Jan 08, 2007  
Secretary of State

**Entity Name:** BARTOW INTIMIDATORS SOFTBALL CLUB, INC.

**Current Principal Place of Business:**

1190 US HWY 17 SOUTH  
BARTOW, FL 33830 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1846  
BARTOW, FL 33831 US

**New Mailing Address:**

**FEI Number:** 20-3000899

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PUTNAM, ABEL A  
500 SOUTH FLORIDA AVENUE  
SUITE 300  
LAKELAND, FL 33801 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: D,P ( ) Delete  
Name: LONG, III, HAROLD W  
Address: 1190 US HWY 17 SOUTH  
City-St-Zip: BARTOW, FL 33830 US

Title: D,VP ( ) Delete  
Name: DELLE DONNE, KENNETH J  
Address: 5094 IRONWOOD TRAIL  
City-St-Zip: BARTOW, FL 33830 US

Title: DTS ( ) Delete  
Name: WRIGHT, DAVID W  
Address: 825 W. MCLEOD STREET  
City-St-Zip: BARTOW, FL 33830 US

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

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

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

Title: DTS (X) Change ( ) Addition  
Name: WILLIAMS, BILLY J JR  
Address: 850 SOUTH COUNTY ROAD 555  
City-St-Zip: BARTOW, FL 33830 US

I hereby certify that the information supplied with this filing does not qualify for the 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: HAROLD W LONG III

DP

01/08/2007

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

\_\_\_\_\_  
Date