
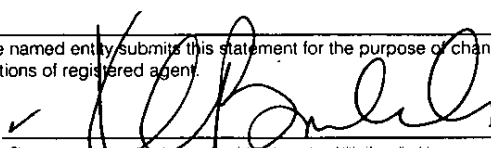
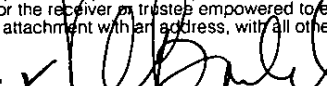


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

03-31-2008 90013 034 ****61.25

DOCUMENT # N05000011942					
1. Entity Name DALE E. AND CHERYL E. BARTCH CHARITABLE FOUNDATION, INC.					
Principal Place of Business 11226 LANE PARK ROAD TAVARES, FL 32778 US			Mailing Address P O BOX 493 MOUNT DORA, FL 32756		
2. Principal Place of Business - No P.O. Box # 2317 GRIFFIN RD		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LEESBURG, FL		City & State		4. FEI Number 20-4046341	
Zip 34748		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARTCH, DALE E DP P O BOX 493 MOUNT DORA, FL 32756			7. Name and Address of New Registered Agent Name <u>KRISTEN L BARTCH</u> Street Address (P.O. Box Number is Not Acceptable) <u>2317 GRIFFIN RD</u> City <u>LEESBURG</u> <u>FL</u> Zip Code <u>34748</u>		
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 <u>05/01/08</u> <small>Signature, not for or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> KRISTEN L BARTCH, DST					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP	DP BARTCH, DALE E <input type="checkbox"/> Delete P O BOX 493 MOUNT DORA, FL 32756	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP BARTCH, CHERYL E <input type="checkbox"/> Delete P O BOX 493 MOUNT DORA, FL 32756	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST BARTCH, KRISTEN L <input type="checkbox"/> Delete P O BOX 493 MOUNT DORA, FL 32756	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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:  KRISTEN L BARTCH DATE <u>05/01/08</u> 352 408-1255 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					