2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State
01-26-2007 90042 017 ****61.25

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1st MOORE CR2E037 (10/06)

DOCUMENT # N06000001452

1. Entity Name

MITCHELL CHASE BARTLETT FOUNDATION, INC.

Principal Place of Business	Mailing Address
5950 E. IRLO BRONSON HWY. ST.CLOUD FL 34771	5950 E. IRLO BRONSON HWY. ST.CLOUD FL 34771
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-4395032 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOUST, KATHLEEN M
178 S. ORLANDO AVE.
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD BARTLETT, RICHARD 5950 E. IRLO BRONSON HWY. ST.CLOUD FL 34771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP Sec Rose marie Blackburn 5950 E. Bronson Hwy ST-CLOUD, FL 34771	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	STD MCGOVERN, DONA 5560 JACK BRACK ROAD ST.CLOUD FL 34771	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] Richard H. Bartlett PRO. 1-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #