2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# N06000010026

Entity Name: BARTOW CHARITIES INC.

Current Principal Place of Business:

3200 HWY 60 WEST
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9002
BARTOW, FL 33831

New Mailing Address:

FEI Number: 20-5607177 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 32351 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: PSD ( ) Delete
Name: TURNER, SHEILA
Address: P.O. BOX 9002
City-St-Zip: BARTOW, FL 33831

Title: V ( ) Delete
Name: SAWYER, BETH
Address: P.O. BOX 9002
City-St-Zip: BARTOW, FL 33831

Title: T ( ) Delete
Name: HICKS, JEAN
Address: P.O. BOX 9002
City-St-Zip: BARTOW, FL 33831

Title: D ( ) Delete
Name: BURDETTE, DEBRA
Address: P.O. BOX 9002
City-St-Zip: BARTOW, FL 33831

Title: D ( ) Delete
Name: TOWNSEND, DAVID
Address: P.O. BOX 9002
City-St-Zip: BARTOW, FL 33831

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: SHEILA TURNER PSD 01/04/2007

Electronic Signature of Signing Officer or Director — Date