

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N06385 (1)**

1. Corporation Name

**DOWNTOWN BARTOW, INCORPORATED**



Principal Place of Business

**160 E. SUMMERLIN ST.  
209  
BARTOW FL 33830  
US**

Mailing Address

**100 E. MAIN ST.  
P.O. BOX 1351  
BARTOW FL 33831  
US**

3. Date Incorporated or Qualified  
**11/29/1984**

3a. Date of Last Report  
**04/24/1995**

2. Principal Place of Business

2a. Mailing Address

**P. O. Box 1351**

4. FEI Number

**59-2618876**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANNON, KELLY  
160 E. SUMMERLIN ST  
209  
BARTOW FL 33830**

81. Name

**Perdue, Pam**

82.

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

83.

84. City

**FL**

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

**Pam Perdue, Exec. Dir.**

**1/19/96**

SIGNATURE

Signature, typed or printed name of registered agent also applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE  
NAME **CRUCET, BECKY**  
STREET ADDRESS **495 E. SUMMERLIN ST.**  
CITY-STATE-ZIP **BARTOW FL**

1.1 TITLE **PD** ☐ Change ☒ Addition  
1.2 NAME **Crisman, Pat**  
1.3 STREET ADDRESS **580 E. Main St.**  
1.4 CITY-STATE-ZIP **Bartow, FL 33830**

TITLE **VD** ☐ DELETE  
NAME **FRISBIE, S., L.**  
STREET ADDRESS **1840 S MARGARET AVE**  
CITY-STATE-ZIP **BARTOW FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE **TD** ☒ DELETE  
NAME **JORDAN, MARY**  
STREET ADDRESS **1190 FIRST AVE. S.**  
CITY-STATE-ZIP **BARTOW FL**

3.1 TITLE **D** ☐ Change ☒ Addition  
3.2 NAME **Clark, Jeff**  
3.3 STREET ADDRESS **1239 E. Main St.**  
3.4 CITY-STATE-ZIP **Bartow, FL 33830**

TITLE **SD** ☒ DELETE  
NAME **COOPER, RAMONA**  
STREET ADDRESS **950 OAK AVE. S.**  
CITY-STATE-ZIP **BARTOW FL**

4.1 TITLE **SD** ☐ Change ☒ Addition  
4.2 NAME **Doster, Ron**  
4.3 STREET ADDRESS **215 E. Main St.**  
4.4 CITY-STATE-ZIP **Bartow, FL 33830**

TITLE **D** ☒ DELETE  
NAME **BOS, TOM**  
STREET ADDRESS **901 E. MAIN ST**  
CITY-STATE-ZIP **BARTOW FL**

5.1 TITLE **D** ☐ Change ☒ Addition  
5.2 NAME **Amann, David**  
5.3 STREET ADDRESS **310 E. Davidson**  
5.4 CITY-STATE-ZIP **Bartow, FL 33830**

TITLE **D** ☐ DELETE  
NAME **BRITT, SUE**  
STREET ADDRESS **1375 N. BROADWAY AVE**  
CITY-STATE-ZIP **BARTOW FL**

6.1 TITLE **TD** ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Pat Crisman**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/19/96**

**941-533-8119**

Date

Daytime Phone #

CR2E037 (12/95)