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Mar 27 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

P O BOX 1351  
BARTOW FL 33831-1351  
US



3. Date Incorporated or Qualified  
11/29/1984

3a. Date of Last Report  
01/29/1996

2. Principal Place of Business

21 100 E. Main St.

Suite, Apt. #, etc.

22 ---

City & State

23 Bartow, FL

Zip 33830

Country USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-2618876

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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

PERDUE, PAM  
160 E. SUMMERLIN ST  
209  
BARTOW FL 33830

81 Name

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

100 E. Main St.

83 ---

84 City Bartow

FL

85 Zip Code 33830

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if 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 CRISMAN, PAT  
STREET ADDRESS 580 E MAIN ST  
CITY- ST- ZIP BARTOW FL

TITLE VD ☒ DELETE

NAME FRISBIE, S., L.  
STREET ADDRESS 1840 S MARGARET AVE  
CITY- ST- ZIP BARTOW FL

TITLE D ☒ DELETE

NAME CLARK, JEFF  
STREET ADDRESS 1239 E MAIN ST  
CITY- ST- ZIP BARTOW FL

TITLE SD ☒ DELETE

NAME DOSTER, RON  
STREET ADDRESS 215 E MAIN ST  
CITY- ST- ZIP BARTOW FL

TITLE D ☐ DELETE

NAME AMANN, DAVID  
STREET ADDRESS 310 E DAVIDSON  
CITY- ST- ZIP BARTOW FL

TITLE TD ☐ DELETE

NAME BRITT, SUE  
STREET ADDRESS 1375 N. BROADWAY AVE  
CITY- ST- ZIP BARTOW FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

2.1 TITLE VD ☐ Change ☒ Addition

2.2 NAME Pam Adams  
2.3 STREET ADDRESS 600 N. Broadway Ave.  
2.4 CITY- ST- ZIP Bartow, FL 33830

3.1 TITLE SD ☐ Change ☒ Addition

3.2 NAME David Brewer  
3.3 STREET ADDRESS 125 S. Central Ave.  
3.4 CITY- ST- ZIP Bartow, FL 33830

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Larry Waters  
4.3 STREET ADDRESS 105 E. Main St.  
4.4 CITY- ST- ZIP Bartow, FL 33830

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941-533-8119

Daytime Phone # 0063539

CR2E037 (9/96)