

FILE NOW: FILING FEE IS \$61.25

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Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N06385** (1)

1. Corporation Name

**DOWNTOWN BARTOW, INCORPORATED**



Principal Place of Business <b>100 E MAIN ST BARTOW FL 33830 US</b>		Mailing Address <b>P O BOX 1351 BARTOW FL 33831 US</b>		3. Date Incorporated or Qualified <b>11/29/1984</b>
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26</b> Suite, Apt. #, etc.		4. FEI Number <b>59-2618876</b>
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip <b>24</b>		Country <b>29</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Country <b>25</b>		Country <b>30</b>		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
Country <b>25</b>		Country <b>30</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>PERDUE, PAM 100 E MAIN ST 209 BARTOW FL 33830</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRISMAN, PAT</b>	1.2 NAME	<b>D</b>
STREET ADDRESS	<b>580 E MAIN ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BARTOW FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADAMS, PAM</b>	2.2 NAME	<b>D</b>
STREET ADDRESS	<b>600 N BROADWAY AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BARTOW FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BREWER, DAVID</b>	3.2 NAME	<b>P/D</b>
STREET ADDRESS	<b>125 S CENTRAL AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BARTOW FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WATERS, LARRY</b>	4.2 NAME	
STREET ADDRESS	<b>105 E MAIN ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BARTOW FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMANN, DAVID</b>	5.2 NAME	
STREET ADDRESS	<b>310 E DAVIDSON</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BARTOW FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRITT, SUE</b>	6.2 NAME	<b>D</b>
STREET ADDRESS	<b>1375 N. BROADWAY AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BARTOW FL</b>	6.4 CITY-ST-ZIP	

14. I 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: **DAVID BREWER** 1/30/98 941-534-1774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0055606

CR2E037 (10/97)



## **1998 Board of Directors**

### **Officers**

<b>President:</b>	David Brewer (534-1774) (FAX 534-1558) Brewer, Sahm & Webb, Inc. 125 S. Central Ave. <b>(2001)</b>
<b>Vice President:</b>	Frank Pennachio (533-4178) (FAX 534-3562) The Pinnacle Group 215 E. Main St. <b>(1999)</b>
<b>Secretary:</b>	Sue Hanson (533-1365) Cool Shoppe 135 S. Central Ave. <b>(2001)</b>
<b>Treasurer:</b>	Karen Guffey (533-3131) (FAX 533-7038) Gibson & Wirt, Inc. P. O. Drawer 59 <b>(2001)</b>

### **Directors**

Pam Adams (533-3171) (FAX 519-2196) Citrus & Chemical Bank P. O. Box 90 <b>(2001)</b>	Pat Crisman (533-8119) (FAX 533-5016) State Farm Insurance 580 E. Main St. <b>(1999)</b>
David Amann (519-7201) (FAX 533-0310) Homes of Merit P. O. Box 1606 <b>(1999)</b>	Mary Frisbie (533-4183) (FAX 533-0402) The Polk County Democrat P. O. Box 120 <b>(2000)</b>
Sue Britt (533-0475) (FAX 534-3819) Community National Bank P. O. Box 1869 <b>(2000)</b>	Carlos Mancil (534-3311) (FAX 534-3311) Dolene's Downtown 290 E. Main St. <b>(1999)</b>
Jeff Clark (533-8111) (FAX 533-0410) Columbia Bartow Memorial Hospital P. O. Box 1050 <b>(2000)</b>	Larry Waters (533-0290) Yesterday & Today Collectibles 105 E. Main St. <b>(2000)</b>