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 # N10134 (7)

1. Corporation Name

BARTOW CRIME STOPPERS, INC.

Principal Place of Business	Mailing Address
% YVONNE MITCHELL BARTOW FL 33830 US	% YVONNE MITCHELL 510 N BROADWAY AVE BARTOW FL 33830 US

3. Date Incorporated or Qualified: 07/09/1985
3a. Date of Last Report: 03/24/1995

2. Principal Place of Business
21: 510 N. Broadway Ave.
22: Suite, Apt. #, etc.
23: City & State: Bartow, FL
24: Zip: 33830
25: Country: Polk

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-2567298 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$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

JOHNSON, FRANK
1035 N. BROADWAY
BARTOW FL 33830

10. Name and Address of New Registered Agent

81 Name
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.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	☐ DELETE	11 TITLE	P	☐ Change ☐ Addition
NAME	JOHNSON, FRANK		12 NAME	Hardwick, Kelly	
STREET ADDRESS	1035 N. BROADWAY		13 STREET ADDRESS	341 W. Davidson St.	
CITY-ST-ZIP	BARTOW FL		14 CITY-ST-ZIP	Bartow, FL 33830	
TITLE	VD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	CORBETT, JORDON J		22 NAME		
STREET ADDRESS	1655 E. MAGNOLIA		23 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL		24 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, YVONNE		32 NAME		
STREET ADDRESS	510 N BROADWAY AVE		33 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL		34 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, STEVEN		42 NAME		
STREET ADDRESS	550 E. DAVIDSON		43 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE	D	☒ Change ☐ Addition
NAME	~~PATTERSON, ROBERT~~		52 NAME	Collins, George	
STREET ADDRESS	~~2395 E BOOKER ST~~		53 STREET ADDRESS	1025 E Tee Circle	
CITY-ST-ZIP	~~BARTOW FL~~		54 CITY-ST-ZIP	Bartow, FL 33830	
TITLE	D	☐ DELETE	61 TITLE	D	☒ Change ☐ Addition
NAME	~~SPARKS, TONY~~		62 NAME	Jenkins, Bill	
STREET ADDRESS	~~450 N BROADWAY AVE~~		63 STREET ADDRESS	425 E. Main St.	
CITY-ST-ZIP	~~BARTOW FL~~		64 CITY-ST-ZIP	Bartow, FL 33830	

CR2E037 (12/95)

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: _____ STEVEN R. WRIGHT 2/15/96 941-533-7191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Treasurer/Director