


FILE NOW: FILING FEE IS \$61.25

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Apr 24 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **N10134** (7)

1. Corporation Name

BARTOW CRIME STOPPERS, INC.



| | |
|---|--|
| Principal Place of Business 510 N BROADWAY AVE BARTOW FL 33830 US | Mailing Address % YVONNE MITCHELL TERRI SHELTON 510 N BROADWAY AVE BARTOW FL 33830-3918 US |
|---|--|

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

| | |
|---|--|
| 3. Date Incorporated or Qualified 07/09/1985 | 3a. Date of Last Report 04/02/1996 |
| 4. FEI Number 59-2567298 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 | 85 Zip Code |
| FL | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------|---|--|
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARDWICK, KELLY | 1.2 NAME | |
| STREET ADDRESS | 341 W DAVIDSON ST | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BARTOW FL | 1.4 CITY-ST-ZIP | |
| TITLE | VD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CORBETT, JORDON J | 2.2 NAME | |
| STREET ADDRESS | 1655 E. MAGNOLIA | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BARTOW FL | 2.4 CITY-ST-ZIP | |
| TITLE | SD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MITCHELL, YVONNE | 3.2 NAME | |
| STREET ADDRESS | 510 N BROADWAY AVE | 3.3 STREET ADDRESS | S Shelton, Terri |
| CITY-ST-ZIP | BARTOW FL | 3.4 CITY-ST-ZIP | 510 N. Broadway Ave |
| TITLE | TD | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WRIGHT, STEVEN | 4.2 NAME | |
| STREET ADDRESS | 550 E. DAVIDSON | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | BARTOW FL | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COLLINS, GEORGE | 5.2 NAME | |
| STREET ADDRESS | 1025 E TEE CIRCLE | 5.3 STREET ADDRESS | Goddard, Bill |
| CITY-ST-ZIP | BARTOW FL | 5.4 CITY-ST-ZIP | 1565 Palm Place |
| TITLE | D | 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JENKINS, BILL | 6.2 NAME | |
| STREET ADDRESS | 425 E MAIN ST | 6.3 STREET ADDRESS | Cook, Deena |
| CITY-ST-ZIP | BARTOW FL | 6.4 CITY-ST-ZIP | 840 E Lemon St |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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, upon an attachment with an address.

SIGNATURE: STEVEN WRIGHT TREASURER 4/17/97 941-5337191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0053434

CR2E037 (9/96)