
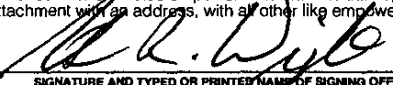


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91286 017 \*\*\*\*61.25

<b>DOCUMENT # N10134</b> 1. Entity Name <b>BARTOW CRIME STOPPERS, INC.</b>			
Principal Place of Business <b>510 N BROADWAY AVE</b> <b>BARTOW, FL 33830 US</b>		Mailing Address <b>510 N BROADWAY AVE</b> <b>BARTOW, FL 33830 US</b>	
2. Principal Place of Business <b>475 E. Main St.</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 509</b> Suite, Apt. #, etc.	
City & State <b>Bartow FL</b> Zip <b>33830</b>		City & State <b>Bartow FL</b> Zip <b>33831-0509</b>	
Country <b>PO LK</b>		Country <b>PO LK</b>	
4. FEI Number <b>59-2567298</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WRIGHT, STEVEN R</b> <b>550 E DAVIDSON ST</b> <b>BARTOW, FL 33830</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>D</b> NAME <b>BELL, MELONY</b> STREET ADDRESS <b>412 N. LANIER</b> CITY-ST-ZIP <b>FORT MEADE, FL 33841</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>SMITH, ERNEST</b> STREET ADDRESS <b>425 E. VAN FLEET DR.</b> CITY-ST-ZIP <b>BARTOW, FL 33830</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2300 N. Broadway Ave</b>
TITLE <b>DT</b> NAME <b>WRIGHT, STEVE</b> STREET ADDRESS <b>550 E. DAVIDSON</b> CITY-ST-ZIP <b>BARTOW, FL 33830</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>DVC</b> NAME <b>HARDWICK, KELLY</b> STREET ADDRESS <b>341 W. DAVIDSON STREET</b> CITY-ST-ZIP <b>BARTOW, FL 33830</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>ADAMS, CAL</b> STREET ADDRESS <b>1695 EMERSON AVE.</b> CITY-ST-ZIP <b>BARTOW, FL 33830</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>735 S. Floral Ave.</b>
TITLE <b>D</b> NAME <b>CORBETT, JODON J</b> STREET ADDRESS <b>1655 MAGNOLIA</b> CITY-ST-ZIP <b>BARTOW, FL 33830</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date <b>4/22/04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	