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2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

01-26-2007 90032 040 ****61.25

DOCUMENT # N10134

1. Entity Name
BARTOW CRIME STOPPERS, INC.

Principal Place of Business	Mailing Address
475 E MAIN ST. BARTOW, FL 33830 US	PO BOX 509 BARTOW, FL 33831-0509 US

2800 US Hwy 98 N
Bartow FL 33831

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01222007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2567298 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WRIGHT, STEVEN R 154 AVE H SE SUITE 1 WINTER HAVEN, FL 33880	Name: Bob Ambrose Street Address (P.O. Box Number is Not Acceptable): ~~P.O. BOX 1700~~ 2800 US Hwy 98 North City: Bartow FL Zip Code: 33831

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: Bob Ambrose — 1-24-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME BELL, MELONY STREET ADDRESS 412 N. LANIER CITY-ST-ZIP FORT MEADE, FL 33841	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME SMITH, ERNEST STREET ADDRESS 2300 N BROADWAY AVE CITY-ST-ZIP BARTOW, FL 33830	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE P NAME AMBROSE, BOB STREET ADDRESS P.O. BOX 1700 CITY-ST-ZIP BARTOW, FL 33831	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DS NAME HARRIS, DONNA STREET ADDRESS 450 N. BLOODWAY CITY-ST-ZIP BARTOW, FL 33830	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S NAME TROWELL, KATHIE STREET ADDRESS 450 N BROADWAY AVE CITY-ST-ZIP BARTOW, FL 33830	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME CORBETT, JODON J STREET ADDRESS 1655 MAGNOLIA CITY-ST-ZIP BARTOW, FL 33830	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Bob Ambrose — 1-24-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #