

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 29 AM 8: 16

DOCUMENT # **N45594** (1)
1. Corporation Name
THE ECONOMIC DEVELOPMENT BOARD OF BARTOW, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
305 9TH AVE. 305 9TH AVE.
P.O. BOX 1755 P.O. BOX 1755
BARTOW FL 33830 BARTOW FL 33830

3. Date Incorporated or Qualified 10/14/1991 3a. Date of Last Report 08/15/1994
4. FEI Number 59-3102058 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Carver Recreation Center 26 1655 Magnolia Street
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 520 S. Idlewood Ave. 27
City & State City & State
23 Bartow, Florida 33830 28 Bartow, Florida 33830
Zip Country Zip Country
24 POLK 25 POLK 29 POLK 30 POLK

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
DIXON, ELMER
305 9TH AVE.
BARTOW FL 33830

10. Name and Address of Now 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CORBETT, DELORES 1655 MAGNOLIA ST. BARTOW FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIXON, ELMER 305 9TH AVE. BARTOW FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV CARTER, MATTIE 1415 BAY ST. BARTOW FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LONGWORTH, LEO 820 8TH AVE. BARTOW FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SMITH, ALVIN B. 1045 E. WABASH BARTOW FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEWIS, CLIFTON 790 WALDON AVE. BARTOW FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 110.07(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: Alvin B. Smith 6-13-95 (941) 533-6085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Section 149.04)