

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90064 016 ****61.25

DOCUMENT # N45851

1. Corporation Name

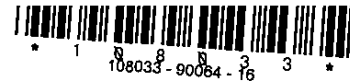
BARTOW QUILT SHOW COMMITTEE, INC.

Principal Place of Business

150 E DAVIDSON ST.
BARTOW FL 33830

Mailing Address

150 E DAVIDSON ST.
BARTOW FL 33830



2. Principal Place of Business

21 245 S. CENTRAL AVE

2a. Mailing Address

26 PO Box 30

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 BARTOW FL

City & State

28 BARTOW FL

Zip

24 33830 25 USA

Zip

29 33831 30 USA

3. Date Incorporated or Qualified

11/01/1991

4. FEI Number

59-1314207

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WILSON, DONALD H., JR.
150 E DAVIDSON ST.
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ALBRITTON, CAROLYN

STREET ADDRESS P.O. BOX 222 N/A

CITY-ST-ZIP ALTURAS FL

TITLE ST ☐ DELETE

NAME STRINGFELLOW, KEIGHTLEY

STREET ADDRESS P.O. BOX 53 N/A

CITY-ST-ZIP ALTURAS FL

TITLE D ☒ DELETE

NAME DUFOE, JUDY

STREET ADDRESS 3518 IMPERIAL DR.

CITY-ST-ZIP LAKE LAND FL

TITLE D ☐ DELETE

NAME LASSITER, BARBARA

STREET ADDRESS 4933 FOX RUN COURT

CITY-ST-ZIP LAKE LAND FL

TITLE D ☐ DELETE

NAME SLAUGHTER, BETTY

STREET ADDRESS 6825 CREWS LAKE RD.

CITY-ST-ZIP LAKE LAND FL

TITLE D ☐ DELETE

NAME WILSON, VEULAH

STREET ADDRESS 563 S OAK AVE.

CITY-ST-ZIP BARTOW FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME GINGER SMITH

1.3 STREET ADDRESS 1190 S. ORANGE

1.4 CITY-ST-ZIP BARTOW, FL 33830

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Katherine Harris SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/99 945-537-1388

CR2E037 (1/198)