

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90072 040 ****61.25

DOCUMENT # N45851 1. Entity Name BARTOW QUILT SHOW COMMITTEE, INC.					
Principal Place of Business 245 S CENTRAL AVE BARTOW, FL 33830 US			Mailing Address PO BOX 30 BARTOW, FL 33831 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILSON, DONALD H., JR. 245 SOUTH CENTRAL AVE BARTOW, FL 33830				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ALBRITTON, CAROLYN		NAME	JACKIE EWING	
STREET ADDRESS	P.O. BOX 222 N/A		STREET ADDRESS	5160 EWING ROAD	
CITY-ST-ZIP	ALTURAS, FL		CITY-ST-ZIP	FT MEADE, FL 33841	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STRINGFELLOW, KEIGHTLEY		NAME		
STREET ADDRESS	P.O. BOX 505		STREET ADDRESS		
CITY-ST-ZIP	HOMELAND, FL 33847		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, GINGER		NAME		
STREET ADDRESS	1190 S ORANGE		STREET ADDRESS		
CITY-ST-ZIP	BARTOW, FL 33830		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LASSITER, BARBARA		NAME		
STREET ADDRESS	4933 FOX RUN COURT		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SLAUGHTER, BETTY		NAME		
STREET ADDRESS	6825 CREWS LAKE RD.		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILSON, VEULAH		NAME		
STREET ADDRESS	563 S OAK AVE.		STREET ADDRESS		
CITY-ST-ZIP	BARTOW, FL		CITY-ST-ZIP		
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: <u>KEIGHTLEY, STRINGFELLOW</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>1/16/06</u> <u>863 2944131</u> Date Daytime Phone #		