


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N45851 1. Entity Name BARTOW QUILT SHOW COMMITTEE, INC.	
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Principal Place of Business 245 S CENTRAL AVE BARTOW, FL 33830 US	Mailing Address PO BOX 30 BARTOW, FL 33831 US
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1314207	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, DONALD H., JR.
245 SOUTH CENTRAL AVE
BARTOW, FL 33830

**DO NOT WRITE
IN THIS SPACE**

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 _____

Filing Fee is \$61.25 Due by May 1, 2007	8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000607534 01/31/07-80042-005 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EWING, JACKIE 5160 EWING ROAD FORT MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STRINGFELLOW, KEIGHTLEY P.O. BOX 505 HOMELAND, FL 33847
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, GINGER 1190 S ORANGE BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASSITER, BARBARA 4933 FOX RUN COURT LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLAUGHTER, BETTY 6825 CREWS LAKE RD. LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, VEULAH 563 S OAK AVE. BARTOW, FL

**DO NOT WRITE
IN THIS SPACE**

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: Keightley Stringfellow 1/23/07 863 519 6778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KeightLEY STRINGFELLOW