

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90337 049 ****61.25

DOCUMENT # N48847

1. Entity Name
WOMEN'S CARE CENTER OF BARTOW, INC.



Principal Place of Business
**490 E BOULEVARD ST
BARTOW, FL 33830**

Mailing Address
**P.O. BOX 1041
BARTOW, FL 33831-1041 US**

50038252



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0332777

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**ETHEREDGE, BEVERLY
1840 MARIPOSA
BARTOW, FL 33830**

Name **LINDA P. JAMES**

Street Address (P.O. Box Number is Not Acceptable)
1010 TRASK LANE

City **BARTOW**

FL

Zip Code
33830

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

Linda P. James

Linda P. James

4/11/05

Signature, typed or printed name of registered agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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 **PD** ☐ Delete
NAME **ETHEREDGE, BEVERLY**
STREET ADDRESS **1840 MARIPOSA**
CITY-ST-ZIP **BARTOW, FL 33830**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **BALL, PHYLLIS**
STREET ADDRESS **1003 LYLE PARKWAY**
CITY-ST-ZIP **BARTOW, FL 33830**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **FRISBIE, MARY G**
STREET ADDRESS **1840 MARGARET AVE**
CITY-ST-ZIP **BARTOW, FL 33830**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **JAMES, LINDA P**
STREET ADDRESS **1010 TRASK LANE**
CITY-ST-ZIP **BARTOW, FL 33830**

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Change ☒ Addition
NAME **AUDREY DAVIS**
STREET ADDRESS **219 NE 1ST ST**
CITY-ST-ZIP **FORT MEADE, FL 33841**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition
NAME **DEDRICK, ELIZABETH**
STREET ADDRESS **300 N RIFLE RANGE RD**
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

12. 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 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:

Mary G. Frisbie as treasurer

4/11/05 863-533-4183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #