

FILE NOW: FILING FEE IS \$61.25

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Jun 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham * Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000006613 (1)**

1. Corporation Name

BARTOW YOUTH PLANNING COMMITTEE, INC.



Principal Place of Business 1255 W POLK STREET BARTOW FL 33830	Mailing Address P O BOX 1824 BARTOW FL 33831-1824
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3. Date Incorporated or Qualified 12/26/1996	3a. Date of Last Report
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59 3431011	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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9. Name and Address of Current Registered Agent WASHINGTON, WILLIE L 710 N GORDON AVE BARTOW FL 33830	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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10. Name and Address of New Registered Agent

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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	SHEILA M. BELL
STREET ADDRESS		1.3 STREET ADDRESS	801 RUBY AVE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	BARTOW, FL 33830
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	BRENDA COOK
STREET ADDRESS		2.3 STREET ADDRESS	925 TANGELO DRIVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	BARTOW, FL 33830
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	PRESIDENT & DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	JERRY SANDERS
STREET ADDRESS		3.3 STREET ADDRESS	175 W. VALENCIA DRIVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BARTOW, FL 33830
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VICE PRES. & DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	RON GREEN
STREET ADDRESS		4.3 STREET ADDRESS	1590 WABASH
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BARTOW, FL 33830
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	TREASURER & DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	WILLIE J. MYRICK JR.
STREET ADDRESS		5.3 STREET ADDRESS	45875 REMINGTON ROAD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)