

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**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90083 016 \*\*\*\*61.25

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1. Corporation Name

BARTOW YOUTH PLANNING COMMITTEE, INC.

Principal Place of Business

175 W. VALENICA DRIVE  
BARTOW, FL 33830

Mailing Address

P.O. BOX 1924  
BARTOW, FL 33831-1924

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12-26-1996

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

City & State

City & State

59-3431011

Not-Applicable

23

28

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

24

25

29

30

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SECRETARY ☒ DELETE  
NAME SHELIA M. BELL  
STREET ADDRESS 801 RUBY AVE.  
CITY-ST-ZIP BARTOW, FL 33830

1.1 TITLE SECRETARY ☐ Change ☒ Addition  
1.2 NAME RUBY CARTER  
1.3 STREET ADDRESS 2967 MORRIS DRIVE  
1.4 CITY-ST-ZIP BARTOW, FL 33830

TITLE SECRETARY ☒ DELETE  
NAME BRENDA COOK  
STREET ADDRESS 925 TANGELO DRIVE  
CITY-ST-ZIP BARTOW, FL 33830

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE PRESIDENT & DIRECTOR ☐ DELETE  
NAME JERRY SANDERS  
STREET ADDRESS 175 W. VALENICA DRIVE  
CITY-ST-ZIP BARTOW, FL 33830

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VICE PRESIDENT & DIRECTOR ☐ DELETE  
NAME RON GREEN  
STREET ADDRESS 1590 WABASH  
CITY-ST-ZIP BARTOW, FL 33830

4.1 TITLE VICE PRESIDENT & DIRECTOR ☒ Change ☐ Addition  
4.2 NAME RON GLOVER  
4.3 STREET ADDRESS 1590 WABASH  
4.4 CITY-ST-ZIP BARTOW, FL 33830

TITLE TREASURER & DIRECTOR ☐ DELETE  
NAME WILLIE J. MYRICK JR.  
STREET ADDRESS 4587 REMMINGTON ROAD  
CITY-ST-ZIP LAKELAND, FL 33801

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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: Jerry L. Sanders Sr. JERRY L SANDERS SR. 4-3-99 941-533-7756

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037\_1198