

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90014 043 ****61.25

DOCUMENT # N97000004814

1. Entity Name

CHARACTER EDUCATION OF BARTOW, INC.



Principal Place of Business

**755 S. FLORAL AVE
BARTOW FL 33830**

Mailing Address

**755 S. FLORAL AVE
BARTOW FL 33830**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0784652

Applied For

Not Applicable

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

**PUCKETT, PAUL E
755 S. FLORAL AVE
BARTOW FL 33830**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

TITLE **P** ☐ Delete
NAME **PUCKETT, PAUL E**
STREET ADDRESS **755 S FLORAL AVE**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE **V** ☐ Delete
NAME **LANG, LOUISE**
STREET ADDRESS **665 W. MCLEOD**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE **D** ☒ Delete
NAME **LEWIS, CLIFTON**
STREET ADDRESS **790 WALDRON AVENUE**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE **S** ☒ Delete
NAME **MARCHMAN, EDA**
STREET ADDRESS **1625 WALLACE AVENUE**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME **CEO/TREAS,
PAUL E. PUCKETT**
STREET ADDRESS **755 S. FLORAL AVE**
CITY-ST-ZIP **BARTOW, FL 33830**

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

TITLE ☐ Change ☐ Addition
NAME **P
MARSHA TIDWELL**
STREET ADDRESS **875 E. MAIN ST.**
CITY-ST-ZIP **BARTOW, FL 33830**

TITLE ☐ Change ☐ Addition
NAME **D
MARCHMAN, EDA**
STREET ADDRESS **1625 WALLACE AVE**
CITY-ST-ZIP **BARTOW, FL 33830**

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Paul E. Puckett, CEO/TREAS

2-16-08