

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000004814

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** CHARACTER EDUCATION OF BARTOW, INC.

**Current Principal Place of Business:**

755 S. FLORAL AVE  
BARTOW, FL 33830

**New Principal Place of Business:**

**Current Mailing Address:**

755 S. FLORAL AVE  
BARTOW, FL 33830

**New Mailing Address:**

**FEI Number:** 65-0784652

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** T  
**Name:** PUCKETT, PAUL E  
**Address:** 755 S FLORAL AVE  
**City-St-Zip:** BARTOW, FL 33830

**Title:** V  
**Name:** LANG, LOUISE  
**Address:** 665 W. MCLEOD  
**City-St-Zip:** BARTOW, FL 33830

**Title:** P  
**Name:** TIDWELL, MARSHA  
**Address:** 875 E MAIN ST  
**City-St-Zip:** BARTOW, FL 33830

**Title:** D  
**Name:** MARCHMAN, EDA  
**Address:** 1625 WALLACE AVENUE  
**City-St-Zip:** BARTOW, FL 33830

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** PAUL E. PUCKETT

T

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date