


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000003187	
1. Entity Name THE BARTOW DEACONS AND STEWARDS ALLIANCE, INCORPORATED	

Principal Place of Business CARVER RECREATION CENTER 520 SOUTH IDLEWOOD AVENUE BARTOW, FL 33830	Mailing Address P.O. BOX 502 BARTOW, FL 33831-0502
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02052006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3612531	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SANDERS, CHARLANN J 5545 PHEASANT DRIVE MULBERRY, FL 33860
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**DO NOT WRITE
IN THIS SPACE**

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 rechartering) **DATE** _____

**Filing Fee is \$61.25
Due by May 1, 2006**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐ **\$5.00 May Be
Added to Fees**

1100000447654
03/08/06-80066-010 70.00

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	YOUNG, CARVER
STREET ADDRESS	1050 EAST TEE CIRCLE
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	VPT
NAME	MAXWELL, JOHN
STREET ADDRESS	920 CHILDS AVENUE
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	ST
NAME	SANDERS, JUANITA
STREET ADDRESS	2867 KAYWORTH COURT
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	AS
NAME	TAYLOR, VERDELL
STREET ADDRESS	930 TEE CIRCLE WEST
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	S
NAME	GAUSE, EVELYN
STREET ADDRESS	625 E. HOLLAND AVENUE
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	T
NAME	BUSH, WILLIE
STREET ADDRESS	1985 LAUREL STREET
CITY-ST-ZIP	BARTOW, FL 33830

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 Carver R. Young **2-6-06 863-533-1297**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #