

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 A
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



02232007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3612531

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$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

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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

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

U000000654790
03/13/07-80077-010 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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-23-07