2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N98000003187

Entity Name: THE BARTOW DEACONS AND STEWARDS ALLIANCE, INCORPORATED

Current Principal Place of Business:

CARVER RECREATION CENTER
520 SOUTH IDLEWOOD AVENUE
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 502
BARTOW, FL 338310502

New Mailing Address:

FEI Number: 59-3612531 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANDERS, CHARLANN J
5545 PHEASANT DRIVE
MULBERRY, FL 33860 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: PD ( ) Delete
Name: YOUNG, CARVER
Address: 1050 EAST TEE CIRCLE
City-St-Zip: BARTOW, FL 33830

Title: VPT ( ) Delete
Name: MAXWELL, JOHN
Address: 920 CHILDS AVENUE
City-St-Zip: BARTOW, FL 33830

Title: ST ( ) Delete
Name: SANDERS, JUANITA
Address: 2867 KAYWORTH COURT
City-St-Zip: BARTOW, FL 33830

Title: AS ( ) Delete
Name: TAYLOR, VERDELL
Address: 930 TEE CIRCLE WEST
City-St-Zip: BARTOW, FL 33830

Title: S ( ) Delete
Name: GAUSE, EVELYN
Address: 625 E. HOLLAND AVENUE
City-St-Zip: BARTOW, FL 33830

Title: T ( ) Delete
Name: BUSH, WILLIE
Address: 1985 LAUREL STREET
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CARVER R. YOUNG MR. 04/28/2008

Electronic Signature of Signing Officer or Director — Date