

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06385

**Entity Name:** MAIN STREET BARTOW, INCORPORATED**Current Principal Place of Business:**180 S CENTRAL AVE  
BARTOW, FL 33830**Current Mailing Address:**P O BOX 1351  
BARTOW, FL 33831 US**FEI Number:** 59-2618876**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DORMINY, MIKEL  
180 S CENTRAL AVE  
BARTOW, FL 33830 US*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**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            DREYER, RICHARD  
Address        545 N. BROADWAY AVE.  
City-State-Zip: BARTOW FL 33830

Title            SECRETARY, DIRECTOR  
Name            GALBRAITH, MAURA  
Address        305 E. MAIN ST.  
City-State-Zip: BARTOW FL 33830

Title            D  
Name            DANIELS, JENNIFER  
Address        1470 US HWY. 17 S.  
City-State-Zip: BARTOW FL 33830

Title            DIRECTOR  
Name            CONDELLO, VIRGINIA  
Address        510 N BROADWAY AVE  
City-State-Zip: BARTOW FL 33830

Title            VP, TREASURER, DIRECTOR  
Name            GUFFEY, KAREN  
Address        125 E. MAIN ST.  
City-State-Zip: BARTOW FL 33830

Title            D  
Name            BREWER, DAVID  
Address        1620 S. WALLACE AVE.  
City-State-Zip: BARTOW FL 33830

Title            DIRECTOR  
Name            BREWER, SUSIE  
Address        1620 WALLACE AVE  
City-State-Zip: BARTOW FL 33830

Title            DIRECTOR  
Name            HIELSCHER, KAREN  
Address        450 N WILSON AVE  
City-State-Zip: BARTOW FL 33830

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*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:** MARY JORDAN**EXECUTIVE SECRETARY**    04/16/2013\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                LOSH, GLENDA  
Address             395 E SUMMERLIN ST  
City-State-Zip:    BARTOW FL 33830

Title                 DIRECTOR  
Name                SALTOS, ALFREDO  
Address             155 E MAIN ST  
City-State-Zip:    BARTOW FL 33830

Title                 DIRECTOR  
Name                MITCHELL, PAM  
Address             515 N BROADWAY AVE  
City-State-Zip:    BARTOW FL 33830

Title                 EXECUTIVE SECRETARY  
Name                JORDAN, MARY  
Address             180 S CENTRAL AVE  
City-State-Zip:    BARTOW FL 33830