

2025 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:**HOLCOMB, LINDA K
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:** LINDA K HOLCOMB

02/10/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name WALKER, JENNIE
Address PO BOX 3400
City-State-Zip: LAKE WALES FL 33859

Title DIRECTOR
Name HOLCOMB, LINDA K
Address 180 S CENTRAL AVE
City-State-Zip: BARTOW FL 33830

Title DIRECTOR
Name WALL, SHERRI
Address 155 S CENTRAL AVE
City-State-Zip: BARTOW FL 33830

Title PRESIDENT
Name BOHDE, DENISE
Address 1130 RADIO RD
City-State-Zip: BAR FL 33830

Title DIRECTOR
Name STEVENS, CHASE
Address 897 E LEMON ST
City-State-Zip: BARTOW FL 33830

Title DIRECTOR
Name WILMOT, MARIE
Address 1855 W MAIN ST
City-State-Zip: BARTOW FL 33830

Title SECRETARY
Name WILLIAMS, JERI
Address 360 E. VINE ST
City-State-Zip: BARTOW FL 33830

Title VP
Name BRANNEN, NICOLE
Address P O BOX 1883
City-State-Zip: BARTOW FL 33831

Continues on page 2

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: KRISTIN SHUFF**EXECUTIVE ASSISTANT**

02/10/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MEDLEY, SHANNON
Address 4700 RESEARCH WAY
City-State-Zip: LAKELAND FL 33805

Title DIRECTOR
Name WALDEN, ANGELA
Address 3340 S FLORIDA AVE
City-State-Zip: LAKELAND FL 33811

Title DIRECTOR
Name DUVAL, REBECCA
Address 1335 US HWY 17
City-State-Zip: BARTOW FL 33830

Title DIRECTOR
Name O'CAIN, GRAYSON
Address 2216 E COUNTY RD 540A
City-State-Zip: LAKELAND FL 33813

Title EXECUTIVE SECRETARY
Name SHUFF, KRISTIN
Address P O BOX 1351
City-State-Zip: BARTOW FL 33831

Title DIRECTOR
Name BYERS, CHRISTY
Address 160 S BROADWAY AVE
City-State-Zip: BARTOW FL 33830

Title DIRECTOR
Name WALKER, BRENT
Address PO BOX 1883
City-State-Zip: BARTOW FL 33831