

2020 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:** Yes**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

07/21/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name BRYANT, BLANCHE
Address 705 E. MAIN ST.
City-State-Zip: BARTOW FL 33830

Title DIRECTOR
Name SIMPSON, LAURA M.
Address 180 S CENTRAL AVE
City-State-Zip: BARTOW FL 33830

Title DIRECTOR, TREASURER
Name CASEY, SHARON
Address 770 SOLEDAD
City-State-Zip: BARTOW FL 33830

Title DIRECTOR, VP
Name GREENE, GORDON
Address 215 E. MAIN ST.
City-State-Zip: BARTOW FL 33830

Title DIRECTOR
Name RILEY, ADAM
Address 322 E. MAIN ST.
City-State-Zip: BARTOW FL 33830

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

Title DIRECTOR, PRESIDENT
Name MENDEZ, SANDY
Address 125 S CENTRAL AVE
City-State-Zip: BARTOW FL 33830

Title DIRECTOR
Name TRIPPE, MARIA
Address 100 E MAIN ST
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: LINDA HOLCOMB

DIRECTOR

07/21/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, SECRETARY
Name LITTLE, KIM
Address 1239 E. MAIN ST.
SUITE 5
City-State-Zip: BARTOW FL 33830

Title DIRECTOR
Name MURRAY, TONY
Address 1105 LEE AVE
City-State-Zip: BARTOW FL 33830

Title DIRECTOR
Name WARREN, SHERRY
Address 1875 W. MAIN ST.
City-State-Zip: BARTOW FL 33830

Title DIRECTOR
Name WILSON, JR., DONALD H.
Address 245 S. CENTRAL AVE.
City-State-Zip: BARTOW FL 33830

Title DIRECTOR
Name WALKER, JENNIE
Address PO BOX 3400
City-State-Zip: BARTOW FL 33830