# 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: PAULA A. DRAYTON

Electronic Signature of Signing Officer/Director Detail

# 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N14000003159

Entity Name: HOUSING AUTHORITY OF BARTOW INC.

#### **Current Principal Place of Business:**

1060 S. WOODLAWN AVENUE BARTOW, FL 33830

#### **Current Mailing Address:**

P.O. BOX 1413 BARTOW, FL 33831

## FEI Number: 59-6002815

## Name and Address of Current Registered Agent:

REDDICK, CATHERINE E 1060 S. WOODLAWN AVENUE 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

#### **Officer/Director Detail :**

Title	V	Title	С
Name	DRAYTON, PAULA	Name	ROGERS, MARY C
Address	1423 NW 26TH STREET	Address	P.O. BOX 721
City-State-Zip:	WINTER HAVEN FL 33830	City-State-Zip:	BARTOW FL 33830

Certificate of Status Desired: No

04/06/2017

FILED Apr 06, 2017 Secretary of State CC6475893269

Date

BOARD CHAIRPERSON

Date