

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1400003159

**FILED  
Apr 23, 2015  
Secretary of State  
CC2354173286**

**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**

**Certificate of Status Desired: No**

**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

Date

**Officer/Director Detail :**

Title P  
Name SMITH, ALVIN B  
Address 1845 EAST WABASH STREET  
City-State-Zip: BARTOW FL 33830

Title V  
Name DRAYTON, PAULA  
Address 1423 NW 26TH STREET  
City-State-Zip: WINTER HAVEN FL 33830

Title C  
Name ROGERS, MARY C  
Address P.O. BOX 721  
City-State-Zip: BARTOW FL 33830

*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: ALVIN B. SMITH**

**PRESIDENT**

**04/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date