

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

**FILED**  
**Aug 22 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 705391 (1)**  
 1. Corporation Name  
**ROTARY CLUB OF PLANT CITY, FLORIDA, INC.**



Principal Place of Business 611 W. HAINES STREET P.O. BOX 1404 PLANT CITY FL 33566 US	Mailing Address P.O. BOX 1404 PO BOX 1404 PLANT CITY FL 33566-1404 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 28
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified <b>03/28/1963</b>	3a. Date of Last Report <b>06/14/1996</b>
4. FEI Number <b>59-2346796</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**WHITE, CHARLES S.**  
**104BN EVERS STREET**  
**PLANT CITY FL 33566**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	HEROLD, BILLY	
STREET ADDRESS	P.O. BOX 38	
CITY-ST-ZIP	PLANT CITY, FL 00000	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WICKER, BILL	
STREET ADDRESS	1906 JIM REDMAN PARKWAY	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	PETRINA, JIM	
STREET ADDRESS	414 WIGGINS	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	REGGIE HOLT	
STREET ADDRESS	4933 LIBERTY LANE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TODD PUKAS	
STREET ADDRESS	105 S. WHEELER ST.	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MERRIN, JOE	
STREET ADDRESS	304 E. BAKER	
CITY-ST-ZIP	PLANT CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WICKER, BILL	
1.3 STREET ADDRESS	1906 JIM REDMAN PARKWAY	
1.4 CITY-ST-ZIP	PLANT CITY, FL 33566	
2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PETRINA, JIM	
2.3 STREET ADDRESS	414 WIGGINS	
2.4 CITY-ST-ZIP	PLANT CITY, FL 33566	
3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HOLT, REGGIE	
3.3 STREET ADDRESS	4933 LIBERTY LANE	
3.4 CITY-ST-ZIP	LAKELAND, FL 33813	
4.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JENKINS, CLAYTON	
4.3 STREET ADDRESS	4009 MIDWAY RD	
4.4 CITY-ST-ZIP	PLANT CITY, FL 33565	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SPARKMAN, BRAD	
6.3 STREET ADDRESS	202 E. Reynolds St	
6.4 CITY-ST-ZIP	PLANT CITY, FL 33564	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

*Reggie Holt*

CFR2E037 (4/97)