
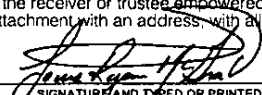


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90032 025 \*\*\*\*61.25

<b>DOCUMENT # 705391</b>					
1. Entity Name ROTARY CLUB OF PLANT CITY, FLORIDA, INC.					
Principal Place of Business 3505 JAP TUCKER RD PLANT CITY, FL 33566 US			Mailing Address P.O. BOX 1404 PLANT CITY, FL 33564 US		
2. Principal Place of Business - No P.O. Box # 1607 S. ALEXANDER ST.		3. Mailing Address			
Suite, Apt. #, etc. STE. 102		Suite, Apt. #, etc.			
City & State PLANT CITY, FLORIDA		City & State		02292008 Chg-NP CR2E037 (12/06)	
Zip 33563		Country HILLSBOROUGH		4. FEI Number 59-2346796	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
8. 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. I am familiar with, and accept the obligations of registered agent.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WHITE, CHARLES S. 104BN EVERS STREET PLANT CITY, FL 33566			Name WHITE, CHARLES S. Street Address (P.O. Box Number is Not Acceptable) 104 N. EVERS ST., STE. 201 City PLANT CITY, FL 33563		
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAYNES, FELIX PO BOX 1404 PLANT CITY, FL 33564	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYNES, FELIX 1206 N. PARK ROAD PLANT CITY, FLORIDA 33565	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNIGEAN, JAMES 3910 TURKEY CREEK RD PLANT CITY, FL 33567	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, BILL 1723 BROOKSTONE WAY PLANT CITY, FLORIDA 33566	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WETHERINGTON, KIMBALL PO BOX 1404 PLANT CITY, FL 33564	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARAPEZZA, JIMMY 5804 BRUTON ROAD PLANT CITY, FLORIDA 33565	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCGRATH, MAC 1607 S ALEXANDER ST #102 PLANT CITY, FL 33563	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGRATH, MAC 1607 S. ALEXANDER ST., STE. 102 PLANT CITY, FLORIDA 33563	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, BEN 5171 EAGLES NEST DR LAKELAND, FL 33810	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, JIM 2000 E. BAKER ST. PLANT CITY, FLORIDA 33563	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAROLINI, BILL 1005 N TEAKWOOD DR. E. PLANT CITY, FL 33563	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.					
SIGNATURE: 		LOUIS RYAN MCGRATH		3-27-08 813-759-1200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

ATTACHMENT  
40059502  
# 705391

2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

ADDITIONS TO OFFICERS AND DIRECTORS

TITLE: D  
NAME: Showalter, Robert  
STREET ADDRESS: 6311 Barton Road  
CITY-ST-ZIP: Plant City, Florida 33565

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TITLE: D  
NAME: Solomon, Steve  
STREET ADDRESS: 1714 Charleston Woods Ct.  
CITY-ST-ZIP: Plant City, Florida 33566

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TITLE: D  
NAME: Smith, Keith C.  
STREET ADDRESS: 121 N. Collins Street  
CITY-ST-ZIP: Plant City, Florida 33565

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TITLE: D  
NAME: Digamon, Dennis  
STREET ADDRESS: PO Box 3808  
CITY-ST-ZIP: Plant City, Florida 33563

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TITLE: D  
NAME: Watkins, Michael  
STREET ADDRESS: 3229 Lampp Road  
CITY-ST-ZIP: Plant City, Florida 33565

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TITLE: D  
NAME: Arndt, Michael  
STREET ADDRESS: 1701 S. Alexander Street  
CITY-ST-ZIP: Plant City, Florida 33566

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TITLE: D  
NAME: Pukas, Tod G.  
STREET ADDRESS: 1804 James L. Redman Parkway  
CITY-ST-ZIP: Plant City, Florida 33563

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