2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001918

FILED Aug 02, 2005 Secretary of State

Entity Name: PLANT CITY COMMUNITY DEVELOPMENT CORPORATION, INC.

P.O. BOX	rincipal Place of Business:	New Principal Place of Business:
	3333 TY, FL 33564	
Current M	ailing Address:	New Mailing Address:
P.O. BOX : PLANT CI	3333 TY, FL 33564	
n accordan	: 77-0594439 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the corporation did	•
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
7445 QUA	.D, ERNEST IL MEADOW ROAD TY, FL 33565 US	
	named entity submits this statement for the of Florida.	e purpose of changing its registered office or registered agent, or both,
SIGNATUF	RE:	
	Electronic Signature of Registered A	Agent Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	PD () Delete BAREFIELD, ERNEST 7445 QUAIL MEADOW ROAD PLANT CITY, FL 33565	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address:	BM () Delete LIBURD, ROY PASTOR 604 W BALL STREET PLANT CITY, FL 33563	Title: BM (X) Change () Addition Name: OYOLA, HIRAM Address: 1103 GOLDFINCH DRIVE City-St-Zip: PLANT CITY, FL 33563
City-St-Zip:		
City-St-Zip: Title: Name: Address: City-St-Zip:	BM () Delete BEALE, SHELIAH 515 S MARYLAND AVE PLLNT CITY, FL 33565	Title: BM (X) Change () Addition Name: JOHNSON, BUDDY Address: 2809 CHITTY ROAD City-St-Zip: PLANT CITY, FL 33565
Title: Name: Address:	BEALE, SHELIÁH 515 S MARYLAND AVE	Name: JOHNSON, BUDDY Address: 2809 CHITTY ROAD
Title: Name: Address: City-St-Zip: Title: Name: Address:	BEALE, SHELIAH 515 S MARYLAND AVE PLLNT CITY, FL 33565 S () Delete ANDERSON, NORALYNN 1308 E TENNESSEE STREET	Name: JOHNSON, BUDDY Address: 2809 CHITTY ROAD City-St-Zip: PLANT CITY, FL 33565 Title: BM (X) Change () Addition Name: HAYNES, FELIX DR Address: 1206 N. PARK ROAD

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ERNEST G. BAREFIELD PD 08/02/2005