

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90237 049 ****61.25

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01092006 Chg-NP CR2E037 (11/05)

DOCUMENT # N03000001918 1. Entity Name PLANT CITY COMMUNITY DEVELOPMENT CORPORATION, INC.					
Principal Place of Business P.O. BOX 3333 PLANT CITY, FL 33564			Mailing Address P.O. BOX 3333 PLANT CITY, FL 33564		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent BAREFIELD, ERNEST 7445 QUAIL MEADOW ROAD PLANT CITY, FL 33565				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> DATE 1/9/06 </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2006		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 <input type="checkbox"/> Delete BAREFIELD, ERNEST 7445 QUAIL MEADOW ROAD PLANT CITY, FL 33565		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM <input checked="" type="checkbox"/> Delete OYOLA, HIRAM 1103 GOLDFINCH DRIVE PLANT CITY, FL 33563		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bm <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KATHY HARRIS 18310 AMERLY DR TAMPA FL 33647	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM <input type="checkbox"/> Delete JOHNSON, BUDDY 2809 CHITTY ROAD PLANT CITY, FL 33565		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM <input type="checkbox"/> Delete HAYNES, FELIX DR 1206 N. PARK ROAD PLANT CITY, FL 33563		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM <input checked="" type="checkbox"/> Delete FREEMAN, MOSES REV 605 WOODHILL CT. BRANDON, FL 33511		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bm <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GLORIA ANTHONY 615 CHANNELL DR TAMPA, FL 33601	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM <input checked="" type="checkbox"/> Delete PORTER, ARNOLD REV 1109 E LAURA STREET PLANT CITY, FL 33563		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bm <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOSEPH H JACKSON 2202 N. WESTSHORE BLVD TAMPA, FL 33607 #500	
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 all other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1/9/06 Daytime Phone #		