


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000000293

1. Entity Name
 PLANT CITY HIGH SCHOOL FOUNDATION, INC.



Principal Place of Business: 506 N. ALEXANDER ST. PLANT CITY, FL 33563 US

Mailing Address: P.O. BOX 848 PLANT CITY, FL 33564-0848 US

DO NOT WRITE IN THIS SPACE



04142005 No Chg-NP CR2E037 (10/03)

4. FEI Number: 59-3193382 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GALLOWAY, DAVID H
 506 N. ALEXANDER ST.
 PLANT CITY, FL 33563

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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.

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

Filing Fee is \$81.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GALLOWAY, DAVID H
STREET ADDRESS	506 N. ALEXANDER ST.
CITY - ST - ZIP	PLANT CITY, FL 33563
TITLE	D
NAME	GALLOWAY, LISA
STREET ADDRESS	1209 E. TIMBERLANE DR.
CITY - ST - ZIP	PLANT CITY, FL 33563
TITLE	D
NAME	WEST, MAMIE
STREET ADDRESS	506 N. ALEXANDER ST.
CITY - ST - ZIP	PLANT CITY, FL 33563
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: David H. Galloway David H Galloway 4/15/05 Date: 813 754 3438 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR