

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 732673

2. Principal Place of Business

ARTS COUNCIL OF PLANT CITY, INC.

Principal Place of Business	Mailing Address
106 NORTH EVERS STREET P.O. BOX 1136 PLANT CITY FL 33564-1136 US	804 N. FORBES RD. PLANT CITY FL 33567 US

2a. Mailing Address

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90051 014 ****61.25

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Applied For

3. Date incorporated or Qualifed

05/06/1975

<u> </u>			Suite Apt # etc				4. FEI Number			Ann	lied For		
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.			59-161865	i9			Applicable			
22	9 Chann		City & State							\$8.75 A			
	City & State		¬ ·			5. Certifcate of S	Status Desired		Fee Red				
23 Zip			Zip Country			6. Election Cam	paign Financing		\$5.00	May Be			
— ·	25	29	¬ ' —		•		Trust Fund Contribution				Added to	- 1	
24	9. Name and Address of Current			<u> </u>	_			10. Name and A	ddress of New	Registered	Agent		
					81	Name							
- A						ā	Address (D.C. Para Number in Not Acceptable)						
CARLISLE					82 Street Address (P.O. Box Number is Not Acceptable)								
804 N. FORBES RD.						83							
PEANT CI	TY FL 33567				Ш								
	*				84	City				FL	85 Zip C	:00в	
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office or r	edistored agent or both in the State (าร ๒ไดกตล	i. Such change was at	JINONZEO	י עם ו	the corpo	oration	's board of director	is. I liereby acco	pt the appea	114110111 00 108	istered	
agent. I a	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 MAGGINE DATE												
SIGNATURE	Signature, typed or publical rigame of registered agent	rle	ale MOTE	Registered	Anert .	signature o	ecuired w	when reinstating)		DATE			
12.	OFFICERS AN			13.		. aug. roto. o , t		ADDITIONS/C	HANGES TO OF	FICERS AN	ID DIRECTO	RS IN 12	
TITLE	TD	D DITTE	☐ DELETE	1,1 711	LE_		S				Change	Addition	
	CARLISLE, MAGGIE		 -	1.2 NA		Į	Lvr	n Conner				ŀ	
NAME	804 N. FORBES RD.					ADDRESS		L S. Alexa	nder Stre	et			
STREET ADDRESS	PLANT CITY FL 33567			1	TY-ST			ent City,					
CITY-ST-ZIP	PD		□ DELETE	2111	_	-	<u> </u>	IIIC OLCY	1101100		Change	Addition	
III/E	• =			2.2 NA									
NAME	EATMAN, JEAN A 2811 FOREST CLUB DR.					ADDRESS							
STREET ADDRESS				2.40									
CITY-ST-ZIP	PLANT CITY FL 33567		DELETE	3.1 TT	_						Change	☐ Addition	
TITLE	VD .			3.2 NA									
NAME	TILLMAN, MAYRE L					ADORESS							
STREET ADDRESS	404 MARJORY DR.				TY-S)	
CITY-ST-ZIP	VALRICO FL 33594		⊠ DELETE	4.1 TI		·- 21"				· · · · · · · · · · · · · · · · · · ·	Change	Addition	
TITLE	S MEDIDOE MADY I		·/2	4.2 N								ſ	
NAME	EVERIDGE, MARY J				_	ADDRESS							
STREET ADDRESS	***************************************				TY-ST								
CITY-ST-ZIP	PLANT CITY FL 33566		[] DELETE	5.1 TI		- LIF					Change	Addition	
TITLE				5.2 N)	•				}	
NAME						ADDRESS							
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CITY-ST-ZIP			☐ DELETE	6.1 11			<u> </u>				Change	☐ Addition	
TITLE				6.2 N									
NAME						ADDRESS							
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CITY Of 7ID	1			V.7 (r)	, , - 31		1						

14. I 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, with all other like empowered.

NSIGNATUBELIFICELYRE
SIGNATURE AND OFFICE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Maggie Carlisle