

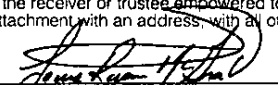


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # 705391 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			
City & State PLANT CITY, FLORIDA		City & State City & State		4. FEI Number 59-2346796	
Zip 33563		Country HILLSBOROUGH		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITE, CHARLES S. 104BN EVERS STREET PLANT CITY, FL 33566				7. Name and Address of New Registered Agent Name WHITE, CHARLES S. Street Address (P.O. Box Number is Not Acceptable) 104 N. EVERS ST., STE. 201 City PLANT CITY, FL Zip Code 33563	
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 \$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 any other like empowered.					
SIGNATURE:  LOUIS RYAN MCGRATH <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-27-08 <small>Date</small>		813-759-1200 <small>Daytime Phone #</small>

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

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

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

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

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

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

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