


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90110 042 ****61.25

DOCUMENT # 706117 1. Entity Name PLANT CITY GARDEN CLUB INC			
Principal Place of Business 1412 N. WHEELER STREET PLANT CITY, FL 33563		Mailing Address 2506 CLUBHOUSE DR PLANT CITY, FL 33566	
2. Principal Place of Business - No P.O. Box # Same as mailing address		3. Mailing Address PO Box 3471	
Suite, Apt. #, etc. address		Suite, Apt. #, etc. 	
City & State Plant City, FL		4. FEI Number 23-7437214	
Zip 33566		Country Hillsborough	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIFFIN, JAN 3032 SUTTONWOODS DR PLANT CITY, FL 33566-7606		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. SIGNATURE <u><i>Janis L. Griffin</i></u> DATE <u>1/8/2008</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	P	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BANNING, CASSANDRA	NAME	
STREET ADDRESS	2506 CLUBHOUSE DR	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 33566	CITY-ST-ZIP	
Delete <input type="checkbox"/>		Delete <input type="checkbox"/>	
TITLE	D	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STOTTEMYER, DARCY	NAME	
STREET ADDRESS	4004 ASTON PL	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 33566	CITY-ST-ZIP	
Delete <input type="checkbox"/>		Delete <input type="checkbox"/>	
TITLE	T	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	GRIFFIN, JAN	NAME	
STREET ADDRESS	2912 CLUBHOUSE DR	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 33566	CITY-ST-ZIP	
Delete <input type="checkbox"/>		Delete <input type="checkbox"/>	
TITLE	VP	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	ELLER, TERI	NAME	
STREET ADDRESS	2405 CLUBHOUSE DR	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 33566	CITY-ST-ZIP	
Delete <input type="checkbox"/>		Delete <input type="checkbox"/>	
TITLE	D	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BOWERS, KATHRYN	NAME	
STREET ADDRESS	5707 PLESS RD	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 33565	CITY-ST-ZIP	
Delete <input type="checkbox"/>		Delete <input type="checkbox"/>	
TITLE	D	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STONE, KATHY	NAME	
STREET ADDRESS	2800 CYPRESS CT	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 33566	CITY-ST-ZIP	
Delete <input type="checkbox"/>		Delete <input type="checkbox"/>	
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: <u><i>Cassandra L. Banning</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1-9-08</u> Daytime Phone # <u>813-759-1638</u>	