## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 719161** 

FILED Jun 01, 2009 Secretary of State

		101		occicially of otate
Entity Na	me: PLANT C	CITY HUNT CLUB, INC.		
Current Principal Place of Business:			New Principal Place	e of Business:
350 HOW	NE BROCK ARD AVE D, FL 33815	US		
Current Mailing Address:			New Mailing Address:	
350 HOW	NE BROCK ARD AVE D, FL 33815	US		
	: 23-7047896 ice with s. 607.19	FEI Number Applied For ( ) FEI Nu 3(2)(b), F.S., the corporation did not receive	ımber Not Applicable() the prior notice.	Certificate of Status Desired (X)
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
BROCK, E 350 HOW/ LAKELANI		US		
	e named entity : e of Florida.	submits this statement for the purpose	of changing its registere	ed office or registered agent, or both,
SIGNATUI	RE:			
	Electror	nic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ST ( LESLIE, JERR 523 S WIGGIN PLANT CITY, F	SRD	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition
Title: Name: Address: City-St-Zip:	P ( BROCK, DUAN 350 HOWARD LAKELAND, FL	AVE.	Title: Name: Address: City-St-Zip:	( ) Change() Addition
Title: Name: Address: City-St-Zip:	V ( ) ANDERS, LYNI 585 ALLEN AV MERRITT ISLA	E.	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY H. LESLIE S/T 06/01/2009