

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006 8:00 am
Secretary of State

07-03-2006 90001 003 ****61.25

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DOCUMENT # 732673 1. Entity Name ARTS COUNCIL OF PLANT CITY, INC.					
Principal Place of Business 106 NORTH EVERS STREET P.O. BOX 3023 PLANT CITY, FL 33564-3023 US			Mailing Address 803 WEST REYNOLDS STREET PLANT CITY, FL 33566 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 3023 Suite, Apt. #, etc.		06232006 Chg-NP CR2E037 (4/06)	
City & State Zip 33563-0001 Country		City & State Plant City, FL Zip Country		4. FEI Number 59-1618659 Applied For <input type="checkbox"/> Not Applicable	
33563-0001 (Zip Code Change) 33563-0001		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CARLISLE, MARGATE G 804 NORTH FORBES ROAD PLANT CITY, FL 33566-8437				7. Name and Address of New Registered Agent Name Carlisle, Margaret G. (Spelling) 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>Margaret G. Carlisle</u> <u>Margaret G. Carlisle</u> <u>06-30-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		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 NORMAN, SANDI 3504 OAK CLUB COURT PLANT CITY, FL 33566 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARLISLE, MARGARET G (Carlisle) 804 NORTH FORBES ROAD PLANT CITY, FL 335668437 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carlisle, Margaret G. (Spelling) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROGERS, CHARLTON 3335 STEINBECK PLACE PLANT CITY, FL 33566 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOORE, LYNNE 106 DORADO CT PLANT CITY, FL 33566 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 all other like empowered.					
SIGNATURE: <u>Margaret G. Carlisle</u> <u>Margaret G. Carlisle</u> <u>06-30-06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					