

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90038 046 \*\*\*\*61.25

**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

PO BOX 3023  
PLANT CITY FL 33563-0001  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE CR2E037 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1618659

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARLISLE, MARGARET G  
804 NORTH FORBES ROAD  
PLANT CITY FL 33566-8437

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME NORMAN, SANDI  
STREET ADDRESS 3504 OAK CLUB COURT  
CITY- ST- ZIP PLANT CITY FL 33566

TITLE TD ☒ Delete  
NAME CARLISLE, MARGARET G  
STREET ADDRESS 804 NORTH FORBES ROAD  
CITY- ST- ZIP PLANT CITY FL 33566-8437

TITLE VD ☒ Delete  
NAME ROGERS, CHARLTON  
STREET ADDRESS 3335 STEINBECK PLACE  
CITY- ST- ZIP PLANT CITY FL 33566

TITLE S ☒ Delete  
NAME MOORE, LYNNE  
STREET ADDRESS 106 DORADO CT  
CITY- ST- ZIP PLANT CITY FL 33566

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition  
NAME WORSHAM, CHERYL  
STREET ADDRESS 34639  
CITY- ST- ZIP 25221 BUNTING CIR LAND OLAKES, FL

TITLE TD ☒ Change ☐ Addition  
NAME SANDRA NORMAN  
STREET ADDRESS 3504 OAK CLUB CT  
CITY- ST- ZIP PLANT CITY, FL 33566

TITLE VD ☒ Change ☐ Addition  
NAME JENNIFER JACKSON  
STREET ADDRESS 703 N WARNELL ST  
CITY- ST- ZIP PLANT CITY, FL 33563

TITLE SD ☒ Change ☐ Addition  
NAME JENNIFER JACKSON  
STREET ADDRESS 703 N WARNELL ST  
CITY- ST- ZIP PLANT CITY, FL 33563

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Sandra Norman*

Treasurer

Apr 27, 2007 813760-3679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #