

FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **745813** (6)

1. Corporation Name

PLANT CITY CIVITAN CLUB, INC.



Principal Place of Business	Mailing Address
2809 N BLAIN ACRES DR PLANT CITY FL 33565 US	P O BOX 351 PLANT CITY FL 33564-0351 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

3. Date Incorporated or Qualified 02/05/1979	3a. Date of Last Report 07/15/1996
4. FEI Number 23-7032972	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
POGUE, PATRICIA A 2809 N BLAIN ACRES RD PLANT CITY FL 33565	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D PORTER, VERNON
STREET ADDRESS	4803 W BUGG RD
CITY-ST-ZIP	PLANT CITY FL
TITLE	<input type="checkbox"/> DELETE
NAME	S CHRISTIE, ROBERT
STREET ADDRESS	816 N DRANE ST
CITY-ST-ZIP	PLANT CITY FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D DYE, JOAN
STREET ADDRESS	1803 CAMP FLORIDA RD
CITY-ST-ZIP	BRANDON FL
TITLE	<input type="checkbox"/> DELETE
NAME	P POGUE, PATRICIA A
STREET ADDRESS	2809 N BLAIN ACRES RD
CITY-ST-ZIP	PLANT CITY FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VP SANDERSON, E. D
STREET ADDRESS	4114 N FORBES RD
CITY-ST-ZIP	PLANT CITY FL
TITLE	<input type="checkbox"/> DELETE
NAME	D LONG, J H DR.
STREET ADDRESS	2203 ALLEN DR.
CITY-ST-ZIP	PLANT CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	T JAMES A. JONES JR.
1.3 STREET ADDRESS	4519 S. PIPPIN RD
1.4 CITY-ST-ZIP	PLANT CITY, FL 33567
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D LAMAR LOCKHART
3.3 STREET ADDRESS	709 E. SPARKMAN RD
3.4 CITY-ST-ZIP	PLANT CITY, FL 33566
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia A. Pogue* **PATRICIA A. POGUE** **APRIL 28, 1997** **813-754-4680**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0046050

CR2E037 (9/96)