

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90155 024 ****61.25

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DOCUMENT # 745813

1. Corporation Name

PLANT CITY CIVITAN CLUB, INC.

Principal Place of Business

2809 N BLAIN ACRES DR
PLANT CITY FL 33565
US

Mailing Address

P O BOX 351
PLANT CITY FL 33564-0351
US



2. Principal Place of Business

21 3707 Forbes Rd So.
Suite, Apt. #, etc.

22 City & State
23 Dover, FL

24 Zip 33527-9742 Country 25 US

2a. Mailing Address

26 P.O. Box 351
Suite, Apt. #, etc.

27 City & State
28 Plant City, FL

29 Zip 33564-0351 Country 30 US

3. Date Incorporated or Qualified

02/05/1979

4. FEI Number

23-7032972

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

William Bradbury

82 Street Address (P.O. Box Number is Not Acceptable)

3707 Forbes Rd. So.

83

84 City Dover

FL

85 Zip Code

33527-9742

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

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

Annette Powell, Treasurer

2/1/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PORTER, VERNON
STREET ADDRESS 4603 W BUGG RD
CITY-ST-ZIP PLANT CITY FL ☐ DELETE

TITLE S
NAME CHRISTIE, ROBERT
STREET ADDRESS 816 N DRANE ST
CITY-ST-ZIP PLANT CITY FL ☐ DELETE

TITLE D
NAME LOCKHART, LAMAR
STREET ADDRESS 709 E. SPARKMAN RD
CITY-ST-ZIP PLANT CITY FL ☐ DELETE

TITLE P
NAME POGUE, PATRICIA A
STREET ADDRESS 2809 N BLAIN ACRES RD
CITY-ST-ZIP PLANT CITY FL ☒ DELETE

TITLE T
NAME JONES, JAMES A JR.
STREET ADDRESS 4519 S. PIPPIN RD.
CITY-ST-ZIP PLANT CITY FL ☒ DELETE

TITLE D
NAME LONG, J H DR.
STREET ADDRESS 2203 ALLEN DR.
CITY-ST-ZIP PLANT CITY FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☒ Addition
4.2 NAME William Bradbury
4.3 STREET ADDRESS 3707 Forbes Rd. So.
4.4 CITY-ST-ZIP Dover, FL 33527-9742

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME Annette Powell
5.3 STREET ADDRESS 2404 Ariana Blvd.
5.4 CITY-ST-ZIP Auburndale, FL 33823

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Annette Powell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Annette Powell, Treasurer

2/1/99

Date (813) 752-6193 Daytime Phone #

CR2E037 (11/98)