

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90041 047 ****61.25

DOCUMENT # 745813

1. Entity Name

PLANT CITY CIVITAN CLUB, INC.



Principal Place of Business

P.O. BOX 351
PLANT CITY FL 33564-0351
US

Mailing Address

P.O. BOX 351
PLANT CITY FL 33564-0351
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7032972

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POGUE, PAT
2809 N BLAIN ACRE RD
PLANT CITY FL 33566

7. Name and Address of New Registered Agent

Name

SACCO, LEA

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

102 W Baker St

City

Plant City

FL

Zip Code
33563

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 Lea Sacco

Lea M. Sacco

2/20/04

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, 2004

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

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

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

TITLE ☐ Delete
NAME COPELAND, RAYMOND
STREET ADDRESS 2101 KNIGHTS GRIFFIN RD E
CITY-ST-ZIP PLANT CITY FL 33565

TITLE ☐ Delete
NAME SACCO, LEA
STREET ADDRESS 102 W BAKER ST
CITY-ST-ZIP PLANT CITY FL 33566

TITLE ☐ Delete
NAME NELSON, GARY
STREET ADDRESS 702 COLLINS ST
CITY-ST-ZIP PLANT CITY FL 33563

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: Lea M. Sacco (Lea Sacco)

2/20/04

*813) 752-6193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #