


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90076 015 ****61.25

DOCUMENT # 745813 1. Entity Name PLANT CITY CIVITAN CLUB, INC.	
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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
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E037 (10/05)

4. FEI Number 23-7032972	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HUMPHREY, DON 12960 BROWING RD P.O. BOX 799 LITHIA FL 33547

7. Name and Address of New Registered Agent Name <u>RAYMOND COPELAND</u> Street Address (P.O. Box Number is Not Acceptable) <u>2101 E. KNIGHTS-GRIFFIN RD.</u> City <u>PLANT CITY</u> FL Zip Code <u>33565-2423</u>
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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>RAYMOND COPELAND T.D.</u> <u>Raymond E. Copeland</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PORTER, VERNON 4603 W BUGG RD PLANT CITY FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete S CHRISTIE, ROBERT 816 N DRANE ST PLANT CITY FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D LOCKHART, LAMAR 709 E. SPARKMAN RD PLANT CITY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete TD COPELAND, RAYMOND 2101 KNIGHTS GRIFFIN RD E PLANT CITY FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete P HUMPHREY, DON 10960 BROWNING RD, P.O. BOX 799 LITHIA FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D NELSON, GARY 402 W BALL ST PLANT CITY FL 33563

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ANN Churchwell 5809 W. KNIGHTS-GRIFFIN RD PLANT CITY FL 33565-3711
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 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.
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SIGNATURE: RAYMOND COPELAND T.D. Raymond E. Copeland 2-2-06 813/254-8819