

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

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90101 050 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

COPELAND, RAYMOND
2101 E KNIGHTS-GRIFFIN RD
PLANT CITY FL 33565-2423

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 new/alter)

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	D	<input type="checkbox"/> Delete
NAME	PORTER, VERNON	
STREET ADDRESS	4603 W BUGG RD	
CITY ST ZIP	PLANT CITY FL 33567	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHRISTIE, ROBERT	
STREET ADDRESS	816 N DRANE ST	
CITY ST ZIP	PLANT CITY FL 33566	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOCKHART, LAMAR	
STREET ADDRESS	709 E. SPARKMAN RD	
CITY ST ZIP	PLANT CITY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COPELAND, RAYMOND	
STREET ADDRESS	2101 KNIGHTS GRIFFIN RD E	
CITY ST ZIP	PLANT CITY FL 33565	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CHURCHWELL, ANN	
STREET ADDRESS	5809 W KNIGHTS-GRIFFIN RD	
CITY ST ZIP	PLANT CITY FL 33565-3711	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, GARY	
STREET ADDRESS	402 W BALL ST	
CITY ST ZIP	PLANT CITY FL 33563	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ann W Shiflett	
STREET ADDRESS	306 Eunice Dr	
CITY ST ZIP	Plant City, FL 33563	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pat Pogue	
STREET ADDRESS	PO Box 927	
CITY ST ZIP	Plant City, FL 33564-0927	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ann W Shiflett Ann W. Shiflett (TD) 4/20/2007 813 752-7233