

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**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

**FILED**  
**Aug 18, 2008 08:00 AM**  
**Secretary of State**



08132008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

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

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000957911  
08/18/08-80007-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PORTER, VERNON
STREET ADDRESS	4603 W BUGG RD
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	S
NAME	CHRISTIE, ROBERT
STREET ADDRESS	816 N DRANE ST
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	TD
NAME	SHIFLETT, ANN W
STREET ADDRESS	306 EUNICE DR.
CITY-ST-ZIP	PLANT CITY, FL 33563
TITLE	D
NAME	COPELAND, RAYMOND
STREET ADDRESS	2101 KNIGHTS GRIFFIN RD E
CITY-ST-ZIP	PLANT CITY, FL 33565
TITLE	P
NAME	PUGNE, PAT
STREET ADDRESS	PO BOX 927
CITY-ST-ZIP	PLANT CITY, FL 335640927
TITLE	D
NAME	NELSON, GARY
STREET ADDRESS	402 W BALL ST
CITY-ST-ZIP	PLANT CITY, FL 33563

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** *Vernon L. Porter* **VERNON L. PORTER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7-13-08*  
Date

*813-737-1024*  
Daytime Phone #