

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745813

FILED
Aug 27, 2009
Secretary of State

Entity Name: PLANT CITY CIVITAN CLUB, INC.

Current Principal Place of Business:

P.O. BOX 351
PLANT CITY, FL 335640351 US

New Principal Place of Business:

1715 OAKWOOD ESTATES DR
PLANT CITY, FL 33563 US

Current Mailing Address:

P.O. BOX 351
PLANT CITY, FL 335640351 US

New Mailing Address:

FEI Number: 23-7032972 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COPELAND, RAYMOND
2101 E KNIGHTS-GRIFFIN RD
PLANT CITY, FL 335652423 US

Name and Address of New Registered Agent:

GRIFFIN, THOMAS M
1715 OAKWOOD ESTATES DR
PLANT CITY, FL 33563 US

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.

SIGNATURE: THOMAS M GRIFFIN

08/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PORTER, VERNON
Address: 4603 W BUGG RD
City-St-Zip: PLANT CITY, FL 33567

Title: S () Delete
Name: CHRISTIE, ROBERT
Address: 816 N DRANE ST
City-St-Zip: PLANT CITY, FL 33566

Title: TD () Delete
Name: SHIFLETT, ANN W
Address: 306 EUNICE DR.
City-St-Zip: PLANT CITY, FL 33563

Title: D () Delete
Name: COPELAND, RAYMOND
Address: 2101 KNIGHTS GRIFFIN RD E
City-St-Zip: PLANT CITY, FL 33565

Title: P () Delete
Name: PUGNE, PAT
Address: PO BOX 927
City-St-Zip: PLANT CITY, FL 335640927

Title: D () Delete
Name: NELSON, GARY
Address: 402 W BALL ST
City-St-Zip: PLANT CITY, FL 33563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SHIFLETT, ANN W
Address: 306 EUNICE DR.
City-St-Zip: PLANT CITY, FL 33563

Title: TD (X) Change () Addition
Name: GRIFFIN, THOMAS M
Address: 1715 OAKWOOD ESTATES DR
City-St-Zip: PLANT CITY, FL 33563

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS M GRIFFIN

TD

08/27/2009

Electronic Signature of Signing Officer or Director

Date