

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 751304 (7)**

1. Corporation Name

**ARTHUR BORING CIVIC CENTER, INC.**



Principal Place of Business

Mailing Address

**REYNOLDS & EDWARDS STREETS  
P O DRAWER 1869  
PLANT CITY FL 33564-8869**

**REYNOLDS & EDWARDS STREETS  
P O DRAWER 1869  
PLANT CITY FL 33564-8869**

3. Date Incorporated or Qualified  
**02/28/1980**

3a. Date of Last Report  
**01/30/1995**

2. Principal Place of Business  
**21 2202 W. REYNOLDS ST.**

2a. Mailing Address  
**26 P. O. DRAWER 1869**

4. FEI Number  
**59-6151219**

Applied For  
Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State  
**23 PLANT CITY, FL**

City & State  
**28 PLANT CITY, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

**24 33567**

**25 HILLSBOROUGH**

**29 33564-1869**

**30 HILLSBOROUGH**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REDMAN, JAMES L.  
121 N. COLLINS STREET  
PLANT CITY FL 33566**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VPD** ☐ DELETE  
NAME **BALLARD, TERRY**  
STREET ADDRESS **407 VIRGINIA AVE.**  
CITY-ST-ZIP **PLANT CITY FL**

11 TITLE **PD** ☒ Change ☐ Addition  
12 NAME **BALLARD, TERRY**  
13 STREET ADDRESS **407 VIRGINIA AVE.**  
14 CITY-ST-ZIP **PLANT CITY, FL**

TITLE **SD** ☐ DELETE  
NAME **MERRILL, J. D.**  
STREET ADDRESS **606 S. EVERS ST.**  
CITY-ST-ZIP **PLANT CITY FL**

21 TITLE **VPD** ☒ Change ☐ Addition  
22 NAME **MERRILL, J.D.**  
23 STREET ADDRESS **606 S. EVERS ST.**  
24 CITY-ST-ZIP **PLANT CITY, FL**

TITLE **D** ☐ DELETE  
NAME **VERNON, WILLIAM D.**  
STREET ADDRESS **805 N WHEELER ST**  
CITY-ST-ZIP **PLANT CITY, FL 00000**

31 TITLE **D** ☒ Change ☐ Addition  
32 NAME **VERNON, WILLIAM D.**  
33 STREET ADDRESS **805 N. WHEELER ST.**  
34 CITY-ST-ZIP **PLANT CITY, FL**

TITLE **PD** ☐ DELETE  
NAME **NEWSOME, JOE**  
STREET ADDRESS **4005 THONOTOSASSA RD**  
CITY-ST-ZIP **PLANT CITY, FL 00000**

41 TITLE **D** ☒ Change ☐ Addition  
42 NAME **NEWSOME, JOE**  
43 STREET ADDRESS **4005 THONOTOSASSA RD.**  
44 CITY-ST-ZIP **PLANT CITY, FL**

TITLE **TD** ☐ DELETE  
NAME **HOOPER, MCINTIRE**  
STREET ADDRESS **702 N EVERS ST**  
CITY-ST-ZIP **PLANT CITY, FL 00000**

51 TITLE **TD** ☒ Change ☐ Addition  
52 NAME **HOOPER, MCINTIRE**  
53 STREET ADDRESS **702 N. EVERS ST.**  
54 CITY-ST-ZIP **PLANT CITY, FL**

TITLE **D** ☐ DELETE  
NAME **REDMAN, JAMES L**  
STREET ADDRESS **121 N COLLINS STREET**  
CITY-ST-ZIP **PLANT CITY, FL 00000**

61 TITLE **D** ☒ Change ☐ Addition  
62 NAME **REDMAN, JAMES L.**  
63 STREET ADDRESS **121 N. COLLINS ST.**  
64 CITY-ST-ZIP **PLANT CITY, FL**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)