
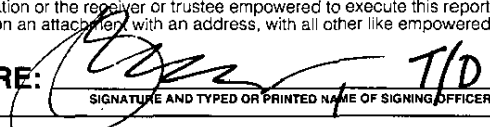


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90021 009 ****61.25

| | | | | | |
|---|--|---|---|---|--|
| DOCUMENT # 751304 1. Entity Name ARTHUR BORING CIVIC CENTER, INC. | | | |  | |
| Principal Place of Business 2202 W REYNOLDS ST PLANT CITY, FL 33567 US | | | Mailing Address P.O. DRAWER 1869 PLANT CITY, FL 33564-1869 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 59-6151219 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent REDMAN, JAMES L. 212 N. COLLINS STREET SUITE 2 PLANT CITY, FL 33566 | | | 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 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 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NEWSOME, JOE 3405 N. WILDER RD PLANT CITY, FL 33565 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROLLYSON, ROLLY P O BOX 1536 PLANT CITY, FL 33564 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TRINKLE, ROBERT P.O. BOX 11 PLANT CITY, FL 33564 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PAGE, JOHNNY DEAN 3502 CHARLIE TAYLOR ROAD PLANT CITY, FLORIDA 33564 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD LUCAS, KENNETH 4120 ST RD 60 W PLANT CITY, FL 33567 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LUCAS, KENNETH P.O. BOX 824 VALRICO, FLORIDA 33595 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BALLARD, TERRY 407 VIRGINIA AVE PLANT CITY, FL 33566 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/D MIKE SPARKMAN 2106 GOLFVIEW DRIVE PLANT CITY, FL 33567 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D REDMAN, JAMES L 121 N COLLINS STREET PLANT CITY, FL 33566 | <input type="checkbox"/> Delete | | 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 exemption stated in Section 119.07(3)(i), 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:  | | | | Date 4/8/04 Daytime Phone # 813-752-9194 | |

54033942



04022004 Chg-NP CR2E037 (10/03)