

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

FILED
Jul 31, 2007 8:00 am
Secretary of State

07-31-2007 90007 011 ****61.25

DOCUMENT # 751304	
1. Entity Name ARTHUR BORING CIVIC CENTER, INC.	

Principal Place of Business ◀UNUSED▶ PLANT CITY FL 33567 US	Mailing Address P.O. DRAWER 1869 PLANT CITY FL 33564-1869 US
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2. Principal Place of Business - No P.O. Box # 2202 W Reynolds St	3. Mailing Address Suite, Apt. #, etc
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2nd MOORE CR2E037 (4/07)

City & State Plant City FL	City & State
Zip 33563	Country U S A

4. FEI Number 59-6151219	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent REDMAN, JAMES L. 212 N. COLLINS STREET SUITE 2 PLANT CITY FL 33566	
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7. Name and Address of New Registered Agent Name Patsy A. Brooks Street Address (P.O. Box Number is Not Acceptable) 1307 Laurel Court City Plant City FL Zip Code 33563	
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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. <i>Patsy A. Brooks</i> SIGNATURE Patsy A. Brooks, General Manager 7/23/2007 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>	
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FILE NOW: FEE IS \$61.25 Due By September 5, 2007	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWSOME, JOE 3405 N. WILDER RD PLANT CITY FL 33565 <input checked="" type="checkbox"/> Delete
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	PD PAGE, JOHNNY DEAN 3502 CHARLIE TAYLOR RD PLANT CITY FL 33564 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUCAS, KENNETH PO BOX 824 VALRICO FL 33595 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPARKMAN, MIKE 2106 GOLFVIEW DR. PLANT CITY FL 33567 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDMAN, JAMES L 121 N COLLINS STREET PLANT CITY FL 33566 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Boothe, Gary 2711 Forest Club Dr Plant City FL 33566 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Gainey, Ronald E. PO Box 1671 Plant City FL 33564 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Jeffries, James 3800 Swindell Rd Plant City FL 33565 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lucas, Kenneth PO Box 824 Valrico FL 33595 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Sparkman, Michael 2106 Golfview Dr Plant City FL 33567 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Ronald E. Gainey* **RONALD E. GAINEY** **7/23/2007** **(813) 752-9194**