

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90064 038 \*\*\*\*61.25

**DOCUMENT # 751304**

1. Entity Name  
**ARTHUR BORING CIVIC CENTER, INC.**



Principal Place of Business  
**2202 W. REYNOLD ST  
PLANT CITY, FL 33563 US**

Mailing Address  
**P.O. DRAWER 1869  
PLANT CITY, FL 33564-1869 US**

400011



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02262008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-6151219**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROOKS, PATSY  
1307 LAUREL COURT  
PLANT CITY, FL 33563**

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

*Patsy G. Brooks, as G.M.*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*3-20-08*

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
PD  
BOOTH, GARY ☐ Delete  
2711 FOREST CLUB DR  
PLANT CITY, FL 33566

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/D  
BOOTHE, GARY ☒ Change ☐ Addition  
2711 FOREST CLUB DRIVE  
PLANT CITY, FL 33566

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ROLLYSON, ROLLY ☒ Delete  
P O BOX 1536  
PLANT CITY, FL 33564

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
GAINNEY, RONALD E ☐ Delete  
P.O. BOX 1671  
PLANT CITY, FL 33564

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LUCAS, KENNETH ☒ Delete  
PO BOX 824  
VALRICO, FL 33595

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
SPARKMAN, MIKE ☐ Delete  
2106 GOLFVIEW DR.  
PLANT CITY, FL 33567

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
JEFFRIES, JAMES ☐ Delete  
3800 SWINDELL RD  
PLANT CITY, FL 33565

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:**

*James E. Jeffries*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3-20-08*