

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 # 760688 (2)
1. Corporation Name
PLANT CITY FIREMAN'S BENEFIT ASSOCIATION

Principal Place of Business

C/O JAMES J. WRIGHT
604 E ALEXANDER ST
PLANT CITY FL 33566
US

Mailing Address

C/O JAMES J. WRIGHT
604 E ALEXANDER ST
PLANT CITY FL 33566
US



3. Date Incorporated or Qualified
11/13/1981

3a. Date of Last Report
04/10/1995

2. Principal Place of Business

21 Ron Hall

2a. Mailing Address

26 809 N. Alexander St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Plant City 71

City & State

28 Plant City 71

24 Zip

33566

Country

Hillbush

Zip

33566

Country

Hillbush

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

WRIGHT, JAMES J.
118 W DREW ST.
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81 Name Ronnic D. Hall
82 Street 809 N. Alexander St.
83
84 City Plant City

FL 85 Zip Code 33566

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)

5-2-96

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DEESE, RANDALL T.
STREET ADDRESS 3343 NICHOLS ROAD
CITY-ST-ZIP LITHIA FL

TITLE VP
NAME SMITH, HENRY
STREET ADDRESS 1503 JEROME ST
CITY-ST-ZIP PLANT CITY FL

TITLE D
NAME MITCHELL, THOMAS E.
STREET ADDRESS 1906 LINDA ST
CITY-ST-ZIP PLANT CITY FL

TITLE ST
NAME WRIGHT, JAMES J.
STREET ADDRESS 118 W DREW ST.
CITY-ST-ZIP PLANT CITY FL

TITLE D
NAME ROGERS, LAWRENCE A.
STREET ADDRESS 806 N WARNELL ST
CITY-ST-ZIP PLANT CITY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME Change Addition

1.3 STREET ADDRESS Change Addition

1.4 CITY-ST-ZIP Change Addition

2.1 TITLE Change Addition

2.2 NAME Change Addition

2.3 STREET ADDRESS Change Addition

2.4 CITY-ST-ZIP Change Addition

3.1 TITLE Change Addition

3.2 NAME Change Addition

3.3 STREET ADDRESS Change Addition

3.4 CITY-ST-ZIP Change Addition

4.1 TITLE Change Addition

4.2 NAME Change Addition

4.3 STREET ADDRESS Change Addition

4.4 CITY-ST-ZIP Change Addition

5.1 TITLE Change Addition

5.2 NAME Change Addition

5.3 STREET ADDRESS Change Addition

5.4 CITY-ST-ZIP Change Addition

6.1 TITLE Change Addition

6.2 NAME Change Addition

6.3 STREET ADDRESS Change Addition

6.4 CITY-ST-ZIP Change Addition

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

5-2-96

813 757 9199

Date Daytime Phone

CR2E037 (12/95)