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**FILED**  
**Jun 30, 1999 8:00 am**  
**Secretary of State**

06-30-1999 90007 011 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 760688**

1. Corporation Name

**PLANT CITY FIREMAN'S BENEFIT ASSOCIATION**

Principal Place of Business

RON HALL  
 604 E ALEXANDER ST  
 PLANT CITY FL 33566  
 US

Mailing Address

809 N ALEXANDER ST  
 604 E ALEXANDER ST  
 PLANT CITY FL 33566  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/13/1981

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2054734

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
 Trust Fund Contribution ☐

**\$5.00** May Be  
 Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RONNIE D. HALL  
 809 N ALEXANDER ST  
 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 PD ☒ DELETE  
 NAME HALE, TERRY  
 STREET ADDRESS 2501 S. WIGGINS RD.  
 CITY-ST-ZIP PLANT CITY FL

1.1 TITLE PD ☐ Change ☒ Addition  
 1.2 NAME Kevin Lumley  
 1.3 STREET ADDRESS 3612 Porter Rd  
 1.4 CITY-ST-ZIP Plithia, FL 33547

TITLE VP ☐ DELETE  
 NAME GOUHIN, JAMES  
 STREET ADDRESS 1911 HUNTER RD. W.  
 CITY-ST-ZIP PLANT CITY FL

2.1 TITLE ☐ Change ☐ Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☒ Addition  
 3.2 NAME Bill Bowers  
 3.3 STREET ADDRESS 2002 E. Willow Dr  
 3.4 CITY-ST-ZIP Plant City, FL

TITLE ST ☐ DELETE  
 NAME RON HALL  
 STREET ADDRESS 4455 CINDY ROAD  
 CITY-ST-ZIP LAKE LAND FL

4.1 TITLE ☒ Change ☐ Addition  
 4.2 NAME T  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☒ Addition  
 5.2 NAME Terry Hale  
 5.3 STREET ADDRESS 2501 S. Wiggins  
 5.4 CITY-ST-ZIP Plant City, FL

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/99

813-757-9131

Date

Daytime Phone #

CR2E037 (11/98)